2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2004
Secretary of State

DOCUMENT# N01000005512

Entity Name: CHRISTIAN FAMILIES SERVICES, INC.

Current Principal Place of Business:

4980 WATERSIDE POINTE CIR
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

4980 WATERSIDE POINTE CIR
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 59-3736464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEZERRA, CELIA R
4972 EAGLESMERE DR., #935
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BEZERRA, CELIA
Address: 4972 EAGLESMERE DR., #935
City-St-Zip: ORLANDO, FL 32819

Title: DT ( ) Delete
Name: ABREU, JOAO DE
Address: 4972 EAGLESMERE DR., #935
City-St-Zip: ORLANDO, FL 32819

Title: DS ( ) Delete
Name: ROSA, MARIANGELICA M B
Address: 6032 CRYSTAL VIEW DR.
City-St-Zip: ORLANDO, FL 32819

Title: DV ( ) Delete
Name: JORDAO, CEDYR D
Address: 4972 EAGLESMERE DR 935
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIA BEZERRA DP 04/04/2004

Electronic Signature of Signing Officer or Director — Date