

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005512

FILED
May 01, 2009
Secretary of State

Entity Name: CHRISTIAN CENTER FAMILY SERVICES, INC.

Current Principal Place of Business:

11459 PHILIPS HWY
JACKSONVILLE, FL 32256

New Principal Place of Business:

76196 TIDEVIEW LANE
YULLE, FL 32097

Current Mailing Address:

76196 TIDEVIEW LANE
YULEE, FL 32097

New Mailing Address:

76196 TIDEVIEW LANE
YULLE, FL 32097

FEI Number: 59-3736464 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALCANTARA, CELIA
76196 TIDEVIEW LANE
YULEE, FL 32097 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: ALCANTARA, WELLINGTON
Address: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097 US

Title: DT () Delete
Name: ALCANTARA, CELIA
Address: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097

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: 76196 TIDEVIEW LANE
City-St-Zip: YULEE, FL 32097

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 exemption stated in Chapter 119, 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 ALCANTARA

DT

05/01/2009

Electronic Signature of Signing Officer or Director

Date