2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N01000006391

Entity Name: NEW FAITH COMMUNITY CENTER INC

Current Principal Place of Business:

MINISTERIO CRISTIANO
7342 WEST 20TH AVE
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

MINISTERIO CRISTIANO FE YP
18624 NW 47 PL
MIAMI GARDENS, FL 33055 US

New Mailing Address:

FEI Number: 65-1136380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRANADA MARTINEZ, PEDRO A
18624 NW 47 PL
MIAMI GARDENS, FL 33055 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: ... ( ) Delete
Name: GRANADA MARTINEZ, PEDRO A
Address: 18624 NW 47 PL
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D ( ) Delete
Name: GRANADA, MARIA
Address: 18624 NW 47 PL
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D ( ) Delete
Name: GRANADOS, ALVARO
Address: 5002 NW 188 ST.
City-St-Zip: OPA LOCKA, FL 33055

Title: D ( ) Delete
Name: RAMIREZ, HUGO
Address: 6825 NW 169 ST, UNIT #C
City-St-Zip: HIALEAH, FL 33015

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: PEDRO GRANDA PD 01/08/2009

Electronic Signature of Signing Officer or Director — Date