

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006975

FILED
Apr 09, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO NUEVA VISION, INC.

Current Principal Place of Business:

5490 HOWELL BRANCH RD.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

7121 TIMBER DRIVE
WINTER PARK, FL 32792

New Mailing Address:

1657 TREMONT LN
WINTER PARK, FL 32792

FEI Number: 30-0041538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, VICTOR M
7121 TIMBER DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

DIAZ, VICTOR M
1657 TREMONT LN
WINTER PARK, FL 32792 US

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: VICTOR M. DIAZ

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, VICTOR M
Address: 7121 TIMBER DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: M () Delete
Name: CRESPO, PEDRO
Address: 5051 TANGERINE AVE
City-St-Zip: WINTER PARK, FL 32792

Title: TRES () Delete
Name: IVONNE, JUARBE
Address: 6373 BENT PINE DR.
City-St-Zip: ORLANDO, FL 32822

Title: SEC () Delete
Name: CRESPO, EILEEN
Address: 5051 TANGERINE AVE
City-St-Zip: WINTERPARK, FL 32792

Title: M () Delete
Name: BELEN, MARTINEZ
Address: 15334 PERDIDO DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, VICTOR M
Address: 1657 TREMONT LN
City-St-Zip: WINTER PARK, FL 32792

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: VICTOR M. DIAZ

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date