

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 19, 2009
Secretary of State

DOCUMENT# N02000001338

Entity Name: DECIDE CHRISTIAN COUNSELING CENTER, INC.**Current Principal Place of Business:**2500 W OAKRIDGE RD
ORLANDO, FL 32809**New Principal Place of Business:****Current Mailing Address:**2500 W OAKRIDGE ROAD
ORLANDO, FL 32809**New Mailing Address:****FEI Number:** 03-0388345**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANCHEZ, TRINIDAD
229 CHICAGO WOODS
ORLANDO, FL 32824 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: D () Delete
Name: GONZALEZ, SATURNINO REV
Address: 850 WHISPERING CYPRESS LANE
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: SANCHEZ, TRINIDAD
Address: 229 CHICAGO WOODS
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: OLIVO, LAURA
Address: 1413 MIMI CT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: RAMOS, LUIS
Address: 7948 SNOWBERRY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: PEREZ, RAUL
Address: 3749 DARTFORD DRIVE
City-St-Zip: DAVENPORT, FL 33837

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: TRINIDAD SANCHEZ

D

05/19/2009

Electronic Signature of Signing Officer or Director

Date