

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002994

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: EN FUEGO FOR JESUS INC.

**Current Principal Place of Business:**

8 CROSSING TRAIL  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

8 CROSSING TRAIL  
ORMOND BCH, FL 32174

**New Mailing Address:**

FEI Number: 01-0652698      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, LUIS  
8 CROSSING TRAIL  
ORMOND BCH, FL 32174      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: PD      ( ) Delete  
Name: MORALES, LUIS  
Address: 8 CROSSING TRAIL  
City-St-Zip: ORMOND BCH, FL 32174

Title: VD      ( ) Delete  
Name: MORALES, LINDA  
Address: 8 CROSSING TRAIL  
City-St-Zip: ORMOND BCH, FL 32174

Title: TD      ( ) Delete  
Name: MORALES, LUIS E JR.  
Address: 1810 WINTERGREEN BLVD.  
City-St-Zip: WINTER PARK, FL 32792

Title: SD      ( ) Delete  
Name: RIVERA, MANUEL  
Address: 26 GREEN TERRACE, 1ST FLOOR  
City-St-Zip: EAST HARTFORD, CT 06108

Title: D      ( ) Delete  
Name: BEAUPRE, CYNTHIA  
Address: 6 MELODY LANE  
City-St-Zip: EAST HARTFORD, CT 06118

**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:      ( ) 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: LINDA MORALES

VD

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date