

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003396

FILED
Jan 26, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO DE OCALA, INC.

Current Principal Place of Business:

HOWARD JOHNSON
3951 NW BLITCHTON RD
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770672
OCALA, FL 34477

New Mailing Address:

FEI Number: 91-2088858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, AMPARO M
5501 SW 191 CT T
DUNNELLON, FL 34432 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: C () Delete
Name: POLING, ANA M
Address: 2320 NE 44GH STREET
City-St-Zip: OCALA, FL 34479

Title: T () Delete
Name: HERNANDEZ-JIMENEZ, LIZBETH
Address: 5146 NW 55 CT
City-St-Zip: OCALA, FL 34482

Title: P () Delete
Name: PENA, AMPARO
Address: 5501 SW 191 CT
City-St-Zip: DUNNELLON, FL 34432

Title: S () Delete
Name: DEL ROSARIO MUNOZ, MARIA
Address: 1206 SW 123 TERRACE
City-St-Zip: OCALA, FL 34481

Title: V () Delete
Name: ANGUIANO, SAUL
Address: 5721 NW 1ST STREET
City-St-Zip: OCALA, FL 34482

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: AMPARO PENA

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date