

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003396

FILED  
Feb 16, 2010  
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  
Name: POLING, ANA M  
Address: 2320 NE 44TH STREET  
City-St-Zip: OCALA, FL 34479

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: AMPARO PENA

P

02/16/2010

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

\_\_\_\_\_  
Date