

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 24, 2009
Secretary of State**

DOCUMENT# N02000009766

Entity Name: CURSILLOS OF CHRISTIANITY, INC.

Current Principal Place of Business:16250 SW 112TH AVENUE
MIAMI, FL 33157 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 652307
MIAMI, FL 33265 US**New Mailing Address:**

FEI Number: 05-0549476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JACOMINO, ALFREDO
11005 SW 95 ST
MIAMI, FL 33176 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: JACOMINO, ALFREDO
Address: 11005 SW 95 ST
City-St-Zip: MIAMI, FL 33176 USTitle: TD () Delete
Name: ZARATE, ALFONSO
Address: 5841 NW 112 CT
City-St-Zip: MIAMI, FL 33178 USTitle: VD () Delete
Name: ENIDIO, GOMEZ A
Address: 13840 SW 10TERRA
City-St-Zip: MIAMI, FL 33184 USTitle: SD () Delete
Name: REFOJO, SYLVIA
Address: 18531 SW 92 CT
City-St-Zip: MIAMI, FL 33157 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: HERNANDEZ, HUMBERTO
Address: 14859 SW 71 LANE
City-St-Zip: MIAMI, FL 33193 USTitle: VD (X) Change () Addition
Name: RIERA, ARMANDO
Address: 2560 SW 22 TERRACE
City-St-Zip: MIAMI, FL 33145 USTitle: () 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: ALFREDO JACOMINO

PD

06/24/2009

Electronic Signature of Signing Officer or Director_____
Date