

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005552

FILED
Jan 11, 2009
Secretary of State

Entity Name: CELAJE FOUNDATION, INC.

Current Principal Place of Business:

5121 FAIRFAX WEST
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5121 FAIRFAX WEST
LAKELAND, FL 33813

New Mailing Address:

3608 SHADOWRIDGE PLACE
CONCORD, NC 28027

FEI Number: 32-0082721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, OWEN
5121 FAIRFAX WEST
LAKELAND, FL 33813 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: PSTD () Delete
Name: HERNANDEZ, OWEN
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HERNANDEZ, ELIZABETH
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HERNANDEZ, ABILIO E
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HERNANDEZ, ELISSA
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HERNANDEZ, CASSANDRA
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HERNANDEZ, GABRIELLE
Address: 5121 FAIRFAX WEST
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HERNANDEZ, OWEN
Address: 3608 SHADOWRIDGE PLACE
City-St-Zip: CONCORD, NC 28027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: OWEN HERNANDEZ

PSTD

01/11/2009

Electronic Signature of Signing Officer or Director

Date