

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005989

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FLORIDA CHRISTIAN SOCIAL SERVICES CORP.

**Current Principal Place of Business:**

P. O. BOX 721235  
ORLANDO, FL 32872

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 721235  
ORLANDO, FL 32872

**New Mailing Address:**

**FEI Number:** 54-2123322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, LUIS E REV.  
6964 NEEDLE POINTE DR  
ORLANDO, FL 32822 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: P ( ) Delete  
Name: LOPEZ, LUIS REV  
Address: 6964 NEEDLE POINTE DR.  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: MOYA, JOSE T REV  
Address: 1600 N. CHIKASAW TRAIL  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: RIOS, ANGEL L REV  
Address: 2555 NEWBOLT DR.  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: DAL SANTO, ELSA  
Address: 5301 GODDARD AVE  
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Delete  
Name: VALENTIN, ESNESTO TRUSTEE  
Address: 1702 COLTON DR.  
City-St-Zip: ORLANDO, FL 32822

**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: LUIS LOPEZ

REV.

04/14/2009

Electronic Signature of Signing Officer or Director

Date