2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000008601

Entity Name: CENTRO DE ADORACION REFUGIO ETERNO, INC.

Current Principal Place of Business:

6513 SPRING MEADOW DRIVE
GREENACRES, FL 33413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22602
WEST PALM BEACH, FL 334162602

New Mailing Address:

FEI Number: 20-0369988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONTANEZ, VALENTIN
6513 SPRING MEADOW DRIVE
GREENACRES, FL 33413 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: D ( ) Delete
Name: FONTANEZ, VALENTIN PASTOR
Address: 6513 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33461

Title: D ( ) Delete
Name: ROSARIO, MONSEY
Address: 2717 FLORIDA BLVD. #525
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: NIEVES, WANDA
Address: 6513 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: D ( ) Delete
Name: GONAZALEZ, RAFAEL
Address: 3256 2ND AVE. NORTH
City-St-Zip: PALM SPRINGS, FL 33461

Title: D ( ) Delete
Name: GONZALEZ, ANAYADA
Address: 1605 19TH AVE. NORTH
City-St-Zip: LAKE WORTH, FL 33460

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: D (X) Change ( ) Addition
Name: FONTANEZ, REINALDO
Address: 15841 73RD STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Change ( ) Addition
Name: GONZALEZ, ANAYADA
Address: 1710 4TH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

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: MONSEY ROSARIO D 05/01/2009

Electronic Signature of Signing Officer or Director Date