

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009041

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** APOSENTO CRISTIANO PARA LAS NACIONES INC.

**Current Principal Place of Business:**

1419 W WATER AVE  
LAKELAND, FL 33802

**New Principal Place of Business:**

2541 HENLEY ROAD  
LUTZ, FL 33558

**Current Mailing Address:**

PO BOX 706  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 65-1207140      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MEDINA, EDDIE J  
3613 FYFIELD CT  
LAND O LAKES, FL 34638      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: V ( ) Delete  
Name: PEREZ, IVONNE  
Address: 3613 FYFIELD CT  
City-St-Zip: LAND O LAKES, FL 34638

Title: V ( ) Delete  
Name: PEREZ, IVONNE  
Address: 3613 FYFIELD CT  
City-St-Zip: LAND O LAKES, FL 34638

Title: T ( ) Delete  
Name: MATOS, MARIE  
Address: 17815 JAMESTOWN WAY  
City-St-Zip: LUTZ, FL 33558

Title: S ( ) Delete  
Name: ROSADO, SANDRA  
Address: RD 412 INT. CRUZE SECTOR ROSADO  
City-St-Zip: RINCON, PR 00677

Title: D ( ) Delete  
Name: NIEVES, DAVID  
Address: 335 JESUS RAMOS  
City-St-Zip: MOCA, PR 00676

Title: D ( ) Delete  
Name: MUNIZ, GILBERTO  
Address: RD 412 INT. CRUZE SECTOR ROSADO  
City-St-Zip: RINCON, PR 00677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEDINA, EDDIE J  
Address: 3613 FYFIELD CT  
City-St-Zip: LAND O LAKES, FL 34638

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: EDDIE J. MEDINA

P

03/05/2009

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

\_\_\_\_\_  
Date