

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010027

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** CENTRO CRISTIANO VIDA - LIFE CHIRSTIAN CENTER, INC.

**Current Principal Place of Business:**

5730 SE 28TH ST.  
OCALA, FL 34471

**New Principal Place of Business:**

3847 SE LAKE WEIR AVE  
OCALA, FL 34480

**Current Mailing Address:**

4105 SE 52ND CT  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 90-0154458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORENZO, BENJAMIN  
9766 NW 127 TERRACE  
HIALEAH, FL 33018 US

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

FAJARDO, ANDRIC  
5021 SW 109 PL  
OCALA, FL 34476 US

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: ANDRIC FAJARDO

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, ROBERTO A  
Address: 4105 SE 52ND CT  
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete  
Name: LORENZO, LOYDA  
Address: 9766 NW 127 TERRACE  
City-St-Zip: HIALEAH, FL 33018

Title: TD ( ) Delete  
Name: CASTELLANOS, ILEANA  
Address: 7038 W 29 WAY  
City-St-Zip: HIALEAH, FL 33018

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

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

Title: S (X) Change ( ) Addition  
Name: AUDE, LUISA  
Address: 4105 SE 52ND CT  
City-St-Zip: OCALA, FL 34480

Title: TD (X) Change ( ) Addition  
Name: FAJARDO, CRUCELIS  
Address: 5021 SW 109 PL  
City-St-Zip: OCALA, FL 34476

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: ROBERTO A. LOPEZ

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date