

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002814

FILED
Feb 14, 2008
Secretary of State

Entity Name: CENTRO CRISTIANO AHABA, ZOE, INC.

Current Principal Place of Business:

227 PETUNIA TERRACE
#213
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 446
SANFORD, FL 327720446

New Mailing Address:

PO BOX 4039
SANFORD, FL 327724039 US

FEI Number: 20-0275798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILVESTRY, LENALEE
227 PETUNIA TERRACE #213
SANFORD, FL 32771 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: SILVESTRY, VICTOR A
Address: 227 PETUNIA TERRACE #213
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: SILVESTRY, LENALEE
Address: 227 PETUNIA TERRACE #213
City-St-Zip: SANFORD, FL 32771

Title: BM () Delete
Name: FIGUEROA, SAMUEL
Address: 733 ALTO PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: BM (X) Delete
Name: STELLA, RENE
Address: 416 LEXINGDALE DR
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: BM (X) Change () Addition
Name: BETANCOURT, HERBERT
Address: PO BOX 561238
City-St-Zip: ORLANDO, FL 32856

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: VICTOR A SILVESTRY

P

02/14/2008

Electronic Signature of Signing Officer or Director

Date