

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002814

FILED  
Apr 30, 2009  
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 4039  
SANFORD, FL 327724039 US

**New Mailing Address:**

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: BETANCOURT, HERBERT  
Address: PO BOX 561238  
City-St-Zip: ORLANDO, FL 32856

**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: LEON, AIDA L  
Address: 830 NEPTUNE POINTE LANE  
City-St-Zip: KISSIMMEE, FL 34744

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

04/30/2009

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

\_\_\_\_\_  
Date