2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002814

FILED Apr 30, 2011 Secretary of State

Entity Name: CENTRO CRISTIANO AHABA, ZOE, INC.

Current Principal Place of Business: New Principal Place of Business:

227 PETUNIA TERRACE #213 SANFORD, FL 32771

Current Mailing Address: 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: Name and Address of New Registered Agent:

SILVESTRY, LENALEE 227 PETUNIA TERRACE #213 SANFORD, FL 32771 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 SILVESTRY, VICTOR A

 Address:
 227 PETUNIA TERRACE #213

 City-St-Zip:
 SANFORD, FL 32771

Title: VP

 Name:
 SILVESTRY, LENALEE

 Address:
 227 PETUNIA TERRACE #213

 City-St-Zip:
 SANFORD, FL 32771

Title: BM

Name: LEON, AIDA L

Address: 830 NEPTUNE POINTE LANE City-St-Zip: KISSIMMEE, FL 34744

Title: BM

 Name:
 RAMOS, ILIANA

 Address:
 2616 PEEL AVE

 City-St-Zip:
 ORLANDO, FL 32806

Title: BM

Name: SEPULVEDA, ELIEZER

Address: 5626 CURY FORD ROAD STE 120

City-St-Zip: ORLANDO, FL 32822

Title: BM

 Name:
 MEDINA, PEDRO

 Address:
 4235 HENRY J. AVE

 City-St-Zip:
 SAINT CLOUD, FL 34722

I hereby 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 all other like empowered.

SIGNATURE: LENALEE SILVESTRY RA 04/30/2011