2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N04000005748

Entity Name: ALPHA CHRISTIAN COUNSELING SERVICES OF CENTRAL FLORIDA CORP.

Current Principal Place of Business:

5205 S ORANGE AVE
#207
ORLANDO, FL 32829

New Principal Place of Business:

5205 S ORANGE AVE
#203
ORLANDO, FL 32829

Current Mailing Address:

5205 S ORANGE AVE
#207
ORLANDO, FL 32829

New Mailing Address:

5205 S ORANGE AVE
#203
ORLANDO, FL 32829

FEI Number: 20-1249830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLANCO, DANILO A
4888 ADAIR OAK DR
ORLANDO, FL 32829 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: PD ( ) Delete
Name: POLANCO, DANILO A
Address: 4888 ADAIR OAK DR
City-St-Zip: ORLANDO, FL 32829

Title: SD ( ) Delete
Name: POLANCO, IZILDA
Address: 4888 ADAIR OAK DR
City-St-Zip: ORLANDO, FL 32829

Title: TD ( ) Delete
Name: BUENO, IRIS
Address: 4433 N NOWELL STREET
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete
Name: ROJAS, LAURA
Address: 5327 LAS PALMAS VISTA DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANILO POLANCO PRES 03/09/2009

Electronic Signature of Signing Officer or Director — Date