

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010366

FILED
May 20, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO CAISMATICO SEMBERANDO AMOR INC.

Current Principal Place of Business:

435 OSTEEN/MAYTOWN RD
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

435 OSTEEN/MAYTOWN RD
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 65-1168364 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORRES, RAMON N
1490 PROVIDENCE BLVD.
DELTONA, FL 32725 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: TORRES, RAMON N REV.
Address: 1490 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: RODRIGUEZ, DOMINGO
Address: 954 CLAYTON DR
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: TORRES, YOLANDA
Address: 1490 PROVIDENCE BLVD.
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: SANTIAGO, CESAR SUB
Address: 1750 WOLFTON CT.
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: MARQUEZ, RUTH SUB
Address: 749 4TH AVE N
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: MARTINEZ, MARIBEL
Address: 3131 TIBURON LANE
City-St-Zip: DELTONA, FL 32738

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
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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: RAMON N. TORRES

PD

05/20/2009

Electronic Signature of Signing Officer or Director

Date