2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# N04000010366

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)**

Name and Address of Current Registered Agent:

TORRES, RAMON N
435 OSTEEN MAYTOWN RD
OSTEEN, FL 32764 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
Name: TORRES, RAMON N REV.
Address: 435 OSTEEN MAYTOWN RD
City-St-Zip: OSTEEN, FL 32764

Title: TD
Name: VEGA, ELBA MRS.
Address: 1220 WHITEWOOD DR.
City-St-Zip: DELTONA, FL 32725

Title: SD
Name: TORRES, YOLANDA
Address: 435 OSTEEN MAYTOWN RD
City-St-Zip: OSTEEN, FL 32764

Title: T
Name: NOVOA, JUANITA SUB
Address: 1675 BREWTON CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: S
Name: LOPEZ, SUSIE SUB
Address: 20 ANGELES RD
City-St-Zip: DEBARY, FL 32713

Title: D
Name: NOVOA, JOSE L
Address: 1675 BREWTON CIRCLE
City-St-Zip: DELTONA, FL 32738

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: RAMÃ³N N. TORRES PD 02/28/2012

Electronic Signature of Signing Officer or Director Date