

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010468

FILED
Jan 22, 2009
Secretary of State

Entity Name: MOVIMIENTO CREYENDOLE A DIOS, INC.

Current Principal Place of Business:

CARR. #3 RAMAL 906 KM. 3.9
BARRIO GANDULAR
YABUCOA, PR 00767

New Principal Place of Business:

Current Mailing Address:

HC-02 BOX 8406
YABUCOA, PR 00767

New Mailing Address:

HC-02 BOX 8429
YABUCOA, PR 00767

FEI Number: 66-0630078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, ELIZABETH
2941 UNIVERSE WAY
LAKE LAND, FL 33801 US

Name and Address of New Registered Agent:

MALDONADO, ELIZABETH
1898 GRAND BAY CIRCLE - APT. 207
LAKELAND, FL 33810 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:

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALDONADO, ELIZABETH
Address: 6150 RYERSON CIR 5
City-St-Zip: ZEPHYRHILLS, FL 33544

Title: T () Delete
Name: BARBOSA, SUSANO ORTIZ
Address: 1898 GRAND BAY CIRCLE - APT. 207
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: SANTIAGO, MARIA E
Address: 1898 GRAND BAY CIRCLE - APT. 207
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALDONADO, ELIZABETH
Address: 1898 GRAND BAY CIRCLE - APT. 207
City-St-Zip: LAKELAND, FL 33810

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: SUSANO ORTIZ BARBOSA

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date