2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N04000011104

Entity Name: LA GRACIA DE JESUCRISTO, INC.

Current Principal Place of Business:

8222 SHRIVER DR.
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

8222 SHRIVER DR.
ORLANDO, FL 32822

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, SARAI
8222 SHRIVER DR.
ORLANDO, FL 32822 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: P ( ) Delete
Name: GONZALEZ, SARAI
Address: 8222 SHRINER DR.
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete
Name: GONZALEZ, OCTAVIO
Address: 8222 SHRIVER DR.
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: ROSINSKI, JOHN
Address: 1238 FERN AVE
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete
Name: SANCHEZ, PERCIDA
Address: 11536 BLACKMOOR DR.
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: GOMEZ, SANDRA
Address: 9444 TELFER RUN
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: RIVERA, CARLOS
Address: 8222 SHRIVER DR.
City-St-Zip: ORLANDO, FL 32822

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:

Title: S (X) Change ( ) Addition
Name: RUIZ, LUZ
Address: 10415 ANDOVER POINT CIRCLE
City-St-Zip: ORLANDO, FL 32825

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: CARLOS RIVERA D 03/23/2009
Electronic Signature of Signing Officer or Director — Date