

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001513

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** COMUNIDAD CRISTIANA CAMINO DE VIDA, INC.

**Current Principal Place of Business:**

1190 EASTLAKE RD S  
TARPON SPRINGS, FL 34688 US

**New Principal Place of Business:**

**Current Mailing Address:**

2596 RIDGE LN  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

1190 EASTLAKE RD S  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 20-2417339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUAPAYA, EDUARDO F SR.  
2596 RIDGE LN  
PALM HARBOR, FL 34684 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:** D  
**Name:** CARRILLO, DAMARIS MRS.  
**Address:** 2596 RIDGE LN  
**City-St-Zip:** PALM HARBOR, FL 34684 US

**Title:** D  
**Name:** CATE, LARRY G MR.  
**Address:** 6728 RANCHWOOD LOOP  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US

**Title:** D  
**Name:** CATE, MARIELLA H  
**Address:** 6728 RANCHWOOD LOOP  
**City-St-Zip:** NEW PORT RICHEY, FL 34653

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:** DAMARIS CARRILLO

D

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date