

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005048

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** SEEING THE IMPOSSIBLE FAITH CENTER, INC

**Current Principal Place of Business:**

11187 CLAYMORE STREET  
SPRINGHILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

11187 CLAYMORE STREET  
SPRINGHILL, FL 34609

**New Mailing Address:**

**FEI Number:** 20-2812225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORILLA, GREGORY  
11187 CLAYMORE STREET  
SPRING HILL, FL 34609 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  
Name: MORILLA, GREGORY  
Address: 11187 CLAYMORE STREET  
City-St-Zip: SPRING HILL, FL 34609

Title: VP  
Name: MORILLA, LUCY  
Address: P.O. BOX 5662  
City-St-Zip: SPRING HILL, FL 34611

Title: TD  
Name: MELECIO, VIRGILIO  
Address: P.O. BOX 5662  
City-St-Zip: SPRING HILL, FL 34611

Title: D  
Name: ARBONA, MIRIAM  
Address: P.O. BOX 5662  
City-St-Zip: SPRING HILL, FL 34611

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:** GREGORY MORILLA

P

02/22/2011

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

\_\_\_\_\_  
Date