2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008038

Entity Name: RIO CHRISTIAN FELLOWSHIP INC.

FILED Jul 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3923 PROMENADE SQ. DR 3723 GRANDE WOOD BLVD 4213 920 ORLANDO, FL 32837 ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** PO BOX 22515 ORLANDO, FL 32830 FEI Number: 20-3249742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVILA, CARLOS E DAVILA, SANDRA 3923 PROMENADE SQ. DR. 3723 GRANDE WOOD BLVD 920 4213 ORLANDO, FL 32837 US ORLANDO, FL 32837 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: SANDRA DAVILLA 07/13/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DAVILLA, SANDRA DAVILLA, SANDRA Name: Name: 3923 PROMANADE SQ. DR APT 4213 Address: 3723 GRANDE WOOD BLVD APT 920 Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: (X) Change () Addition RIVERA, ANDRES Name: RIVERA, ANDRES Name: Address: 3923 PROMANADE SQ. DR APT 4213 Address: 3723 GRANDE WOOD BLVD APT 920 City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: (X) Change () Addition GONZALEZ, JOEL M Name: PAULA, ESTRADA Name: 3923 PROMANADE SQ. DR APT 4213 3723 GRANDE WOOD BLVD APT 920 Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 () Change (X) Addition Title: () Delete Title: N/A Name: Name: N/A, N/A N N/A Address: Address: N/A City-St-Zip: City-St-Zip: N/A, N/ N/A N/ Title: () Delete Title: N/A () Change (X) Addition N/A, N/A N N/A Name: Name: Address: Address: N/A City-St-Zip: City-St-Zip: N/A, N/ N/A N/

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA DAVILLA P 07/13/2006

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

N/A, N/A N N/A

N/A, N/ N/A N/

N/A