

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 17, 2011
Secretary of State

DOCUMENT# N05000010273

Entity Name: CENTRO CRISTIANO DIOS DE PACTOS, INC.**Current Principal Place of Business:**2258 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744**New Principal Place of Business:****Current Mailing Address:**2258 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744**New Mailing Address:****FEI Number:** 20-3333640**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ARIAS, WALTER
155 OWENSHIRE CIRCLE
KISSIMMEE, FL 34744 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: ARIAS, WALTER
Address: 155 OWENSHIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: O
Name: ARIAS, MARYBELL
Address: 155 OWENSHIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: O
Name: GONZALEZ, JHON
Address: 2414 RUDDENSTONE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: S
Name: GUTIERREZ, MARYORY E
Address: 304 PINELAND CT APT 304A
City-St-Zip: SAINT CLOUD, FL 34769

Title: O
Name: SOTO, ARMANDO
Address: 606 N DEL MONTE CT
City-St-Zip: KISSIMMEE, FL 34758

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: WA

P

11/17/2011

Electronic Signature of Signing Officer or Director

Date