## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011187

Entity Name: CASA APOSTOLICA HEFZI-BA, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5804 LAKE UNDERHILL ROAD ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

11126 SUNUP LANE ORLANDO, FL 32825

FEI Number: 01-0851161 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:

ALVAREZ, DEBORAH M PP
11126 SUNUP LANE
ORLANDO, FL 32825 US
ALVAREZ, DEBORAH M PP
11126 SUNUP LANE
ORLANDO, FL 32825 US
ORLANDO, FL 32825 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: DEBORAH M. ALVAREZ 05/01/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALVAREZ, DEBORAH M
 Name:

 Address:
 11126 SUNUP LANE
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LOPEZ, JEREMIAS A
 Name:

 Address:
 200 INTERAMERICANA AVENUE
 Address:

 City-St-Zip:
 AGUADILLA, PR 00603
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CASTILLO, NOEMI
 Name:

 Address:
 2657 MONACO COVE CIRCLE
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

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.

SIGNATURE: DEBORAH M. ALVAREZ P 05/01/2006