

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011827

FILED
Mar 01, 2009
Secretary of State

Entity Name: FUNDACION INTERNACIONAL LA CASA DE MI PADRE, CORP.

Current Principal Place of Business:

14400 FM 725
SEGUIN, TX 78155

New Principal Place of Business:

Current Mailing Address:

14400 FM 725
SEGUIN, TX 78155

New Mailing Address:

FEI Number: 20-3823070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERRANO, LILIANA
2186 GRANGER AVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

SCHAMBON, CRISTINA
3200 WHOOPING CRANE RUN
KISSIMMEE, FL 34741 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: CRISTINA SCHAMBON

03/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHAMBON, PEDRO H
Address: 14400 FM 725
City-St-Zip: SEGUIN, TX 78155

Title: 1VPD () Delete
Name: MARTINEZ, DAYANA
Address: 14400 FM 725
City-St-Zip: SEGUIN, TX 78155

Title: 2VPD () Delete
Name: JIMENEZ, ALVARO I
Address: 26346 MARSH POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: SD () Delete
Name: ORTIZ, ADRIANA
Address: 26346 MARSH POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: TD (X) Delete
Name: BOLIVAR, JOSE
Address: 10198 JENNY LYNN WAY
City-St-Zip: ELK GROVE, CA 95757

Title: D (X) Delete
Name: MONSALVE, DORA
Address: 10198 JENNY LYNN WAY
City-St-Zip: ELK GROVE, CA 95757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VPS (X) Change () Addition
Name: MARTINEZ, DAYANA
Address: 14400 FM 725
City-St-Zip: SEGUIN, TX 78155

Title: 2D (X) Change () Addition
Name: BOLIVAR, JOSE I
Address: 6810 DILUSSO DR
City-St-Zip: ELK GROVE, CA 95758

Title: 3D (X) Change () Addition
Name: MONSALVE, DORA
Address: 6810 DILUSSO DR
City-St-Zip: ELK GROVE, CA 95758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO SCHAMBON

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date