

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000615

FILED
Feb 20, 2009
Secretary of State

Entity Name: FAMILIES IN CHRIST JESUS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

10016 N FULTON STREET
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

10016 N FULTON STREET
ORLANDO, FL 32836

New Mailing Address:

3080 ZAHARIAS DRIVE
ORLANDO, FL 32837

FEI Number: 20-3908198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, PATRICK MD
10016 N FULTON STREET
ORLANDO, FL 32836 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: D () Delete
Name: GONZALES, PATRICK
Address: 10016 N FULTON STREET
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: FINES, DES
Address: 8017 CHIANTI DR
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: FRANCISCO, CESAR
Address: 7750 BARBERRY DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MARQUINEZ, FRANK
Address: 3080 ZAHARIAS DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: GAMALLO, GLEN
Address: 12821 SPURRIER LANE
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: MONTES-BELOSO, STELLA
Address: 14225 LUDGATE HILL LANE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: FRANK D. MARQUINEZ

D

02/20/2009

Electronic Signature of Signing Officer or Director

Date