2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001393

Jul 23, 2007 Secretary of State

Entity Name: MIZPA CHRISTIAN COUNSELING CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 4940 HOFFNER AVE. C/O EAST RIDGE HIGH SCHOOL ORLANDO, FL 32812 **New Mailing Address: Current Mailing Address:** 4940 HOFFNER AVE ORLANDO, FL 32812 FEI Number: 65-0206069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: DIAZ, JOSE A FLECHA, IRIS 2300 LILLY PAD LN. 2716 GEOFFREY DR. US KISSIMMEE, FL 34743 US ORLANDO, FL 32826 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: IRIS FLECHA 07/23/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition LAUREANO, LUCAS DIAZ, JOSE A Name: Name: 750 SHADOW OAK RD. Address: 2300 LILLY PAD LN Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34743 US Title: () Delete Title: () Change () Addition RIVERA, PEDRO Name: Name: Address: 13123 DALLAS WOODS LN. Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: SEC () Delete Title: () Change () Addition GONZALEZ, LILLIAN Name: Name: 4940 HOFFNER AVE. Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: () Delete Title: **TRES** Title: () Change () Addition HERNANDEZ, EDWIN Name: Name: Address: 2410 EAGLE TRACE DR. Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: Title: OD () Delete () Change () Addition HUAMAN, ELIZABETH Name: Name: 3850 BENTFORD CT. Address: Address: City-St-Zip: ORLANDO, FL 32817 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: JOSE A. DIAZ Ρ 07/23/2007