

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007845

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.

**Current Principal Place of Business:**

136 BEAL PKWY  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

403 GREEN ACRES RD  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

1681 BENNETTS END  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 20-5254265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUZ NOEMI SUAREZ  
1681 BENNETTS END  
FT. WALTON BEACH, FL 32547      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: DOMINGUEZ, SAMUEL  
Address: 1996 SALAMANCA STREET  
City-St-Zip: NAVARRE, FL 32566

Title: VP  
Name: SANCHEZ, JUAN L  
Address: 1681 BENNETTS END  
City-St-Zip: FT, WALTON BEACH, FL 32547

Title: T  
Name: NARVAEZ, ADRIANA  
Address: 2312 ORION LAKE DR  
City-St-Zip: NAVARRE, FL 32566

Title: S  
Name: SUAREZ, LIGEN N  
Address: 1996 SALAMANCA ST  
City-St-Zip: NAVARRE, FL 32566

Title: BD  
Name: SUAREZ, LUZ  
Address: 1681 BENNETTS END  
City-St-Zip: FT WALTON BEACH, FL 32547

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: LUZ SUAREZ

BD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date