

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010217

FILED
Jan 23, 2008
Secretary of State

Entity Name: CENTRO DE DESARROLLO DE LA FAMILIA, INC.

Current Principal Place of Business:

2990 RED BUG LAKE ROAD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

2990 RED BUG LAKE ROAD
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-5623177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTRECHE, VICTOR M REV.
2990 RED BUG LAKE ROAD
CASSELBERRY, FL 32707 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: ARTRECHE, VICTOR M REV.
Address: 335 GOOSECREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: FERNANDEZ, ALICIA DR.
Address: 500 CEDAR BEND CIRCLE # 103
City-St-Zip: ORLANDO, FL 32825

Title: VD () Delete
Name: HERNANDEZ, JOSE C REV.
Address: 890 PENNY DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: SILVA, HUGO DR.
Address: 500 CEDAR BEND CIRCLE # 103
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: ARTRECHE, SANDRA K
Address: 335 GOOSECREEK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: DAVILA, CARMEN J
Address: 903 EVERGREEN AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: REV. VICTOR M. ARTRECHE

DIR

01/23/2008

Electronic Signature of Signing Officer or Director

Date