## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011128

Entity Name: CENTER FOR FAITH AND WORK, INC.

FILED Jun 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2103 BRUECKNER DR 2169 S TAMIAMI TRAIL SARASOTA, FL 34231 OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

2103 BRUECKNER DR P.O. BOX 18351 SARASOTA, FL 34231 SARASOTA, FL 34276

FEI Number: 87-0797028 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:

RAMIREZ, CARLOS H
2103 BRUECKNER DR
SARASOTA, FL 34231 US

RAMIREZ, CARLOS
2103 BRUECKNER DR
SARASOTA, FL 34231 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: CARLOS RAMIREZ 06/11/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RAMIREZ, CARLOS H
 Name:

 Address:
 2103 BRUECKNER DR.
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: D ( ) Delete Title: VD (X) Change ( ) Addition Name: JOHNSON, DAVID Name: JOHNSON, DAVID

Address: 7492 DEER CROSSING CT. Address: 7492 DEER CROSSING CT. City-St-Zip: SARASOTA, FL 34240 City-St-Zip: SARASOTA, FL 34240

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 DORAISAMY, MALCHIEL
 Name:
 DORAISAMY, MALCHIEL

 Address:
 112 RUBENS DR.
 Address:
 112 RUBENS DR.

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:
 NOKOMIS, FL 34275

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: CARLOS RAMIREZ PC 06/11/2007