2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011128

FILED May 30, 2008 Secretary of State

Entity Name: CENTER FOR FAITH AND WORK, INC.

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

2169 S TAMIAMI TRAIL OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

P.O. BOX 18351 SARASOTA, FL 34276

FEI Number: 87-0797028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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
2103 BRUECKNER DR
SARASOTA, FL 34231 US

RAMIREZ, CARLOS
7350 SOUTH TAMIAMI TRAIL
56
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: 05/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: RAMIREZ, CARLOS H Name: RAMIREZ, CARLOS H Address: 2103 BRUECKNER DR. Address: 7350 SOUTH TAMIAMI TRAIL, SUITE 56

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

Title: VD () Delete Title: () Change () Addition

 Name:
 JOHNSON, DAVID
 Name:

 Address:
 7492 DEER CROSSING CT.
 Address:

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 DORAISAMY, MALCHIEL
 Name:

 Address:
 112 RUBENS DR.
 Address:

 City-St-Zip:
 NOKOMIS, FL 34275
 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: CARLOS RAMIREZ PD 05/30/2008