## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011128

Entity Name: CENTER FOR FAITH AND WORK, INC.

FILED May 02, 2009 Secretary of State

**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

in the State of Florida.

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 RAMIREZ, CARLOS 2169 S TÁMIAMI TRAIL 7350 SOUTH TAMIAMI TRAIL OSPREY, FL 34229 SARASOTA, FL 34231 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: 05/02/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

RAMIREZ, CARLOS H RAMIREZ, CARLOS H Name: Name: Address: 7350 SOUTH TAMIAMI TRAIL, SUITE 56 Address: 2169 S TAMIAMI TRAIL

City-St-Zip: SARASOTA, FL 34231 City-St-Zip: OSPREY, FL 34229

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

Address: 7492 DEER CROSSING CT. Address: 2169 S TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34240 City-St-Zip: OSPREY, FL 34229

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

DORAISAMY, MALCHIEL DORAISAMY, MALCHIEL Name: Name: 112 RUBENS DR. 2169 S TAMIAMI TRAIL Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: **OSPREY. FL 34229** 

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 **PRES** 05/02/2009