

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006796

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTRO CRISTIANO LA BIBLIA Y LA FAMILIA, INC.

Current Principal Place of Business:

2828-B SOUTH BAY ST.
EUSTIS, FL 32726

New Principal Place of Business:

16311 WHISTLING PINES ROAD
UMATILLA, FL 32784

Current Mailing Address:

PO BOX 1030
EUSTIS, FL 327271030

New Mailing Address:

1854 OVERLOOK DRIVE
MOUNT DORA, FL 32757

FEI Number: 26-0505461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, MANUEL M
1854 OVERLOOK DRIVE
MOUNT DORA, FL 32757 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 () Delete
Name: ACOSTA, MANUEL M
Address: 1854 OVERLOOK DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: ACOSTA, WILMA I
Address: 1854 OVERLOOK DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: S () Delete
Name: GUERRERO, JUAN R
Address: 2002 SUANNEE AVE.
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: SPEEGLE, ALLEN
Address: 801 EAST ORANGE AVE.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: MANUEL M. ACOSTA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date