

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010477

FILED
Apr 23, 2009
Secretary of State

Entity Name: CENTRO FAMILIAR CRISTIANO, INC.

Current Principal Place of Business:

14661 79TH COURT NORTH
LOXACHATCHEE, FL 33470

New Principal Place of Business:

296 FLAMINGO POINT NORTH
JUPITER, FL 33458

Current Mailing Address:

PO BOX 2208
JUPITER, FL 33468

New Mailing Address:

FEI Number: 51-0654082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MIGUEL VD
296 FLAMING POINT NORTH
JUPITER, FL 33468 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: DP () Delete
Name: DA SILVA, JOSE
Address: 14661 79TH COURT NORTH
City-St-Zip: LOXACHATCHEE, FL 33470

Title: VD () Delete
Name: LOPEZ, MIGUEL
Address: 296 FLAMINGO POINT N
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: ARROYO, MIGUEL
Address: 4612 PERTH ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: CANON, DAVID
Address: 4153 LAKE TAHOE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: DA SILVA, SANTELMO
Address: 8745 URANUS TERRACE
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: FREIRE, MOISES
Address: 5114 ELMHURST RD #F
City-St-Zip: BOCA RATON, FL 33409

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:

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: MIGUEL LOPEZ

VD

04/23/2009

Electronic Signature of Signing Officer or Director

Date