2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000001134

Entity Name: CENTRO CRISTIANO VISION EVANGELISTICA MUNDIAL, INC.

Current Principal Place of Business:

207 ALABAMA AVENUE
SAINT CLOUD, FL 34769

New Principal Place of Business:

1406 EASTERN AVE
SAINT CLOUD, FL 34769

Current Mailing Address:

207 ALABAMA AVENUE
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 26-1874887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARABALLO, ILLEAN R MRS.
207 ALABAMA AVENUE
SAINT CLOUD, FL 34769 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: CARABALLO, ILLEAN R PASTOR
Address: 207 ALABAMA AVENUE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T ( ) Delete
Name: PEREZ, GUSTAVO
Address: 5301 NEPTUNE BAY CIR.
City-St-Zip: ST. CLOUD, FL 34769

Title: S ( ) Delete
Name: EMMANNUELLI, MARIBETH
Address: 202 GREAT YARD MOUTH DR
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: CARABALLO, NESTOR
Address: 1701 ORANGE VIEW WAY
City-St-Zip: ST. CLOUD, FL 34769

Title: D ( ) Delete
Name: MARCANO, HIRAM
Address: 2401 COBBLERS LN #F
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: CARABALLO, JORGE J
Address: 207 ALABAMA AVE
City-St-Zip: ST. CLOUD, FL 34769

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

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

Title: D (X) Change ( ) Addition
Name: OCASIO, DANNELLA R
Address: 4790 PRESERVE BLVD
City-St-Zip: ST. CLOUD, FL 34772

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: ILLEAN R CARABALLO P 04/30/2009

Electronic Signature of Signing Officer or Director — Date