## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003342

FILED Mar 15, 2009 Secretary of State

Entity Name: CENTRO CRISTIANO CASA DE REFUGIO INC.

**Current Principal Place of Business: New Principal Place of Business:** 290 COMPETITION DRIVE KISSIMMEE, FL 34743 US **Current Mailing Address: New Mailing Address:** 2321 FLAMIGO LAKES DRIVE KISSMMEE, FL 34743 FEI Number: 90-0356646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, ELISA 509 INTERLUDE LANE ORLANDO, FL 32824 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition REYES, ORLANDO SR Name: Name: 2321 FLAMINGO LAKES DRIVE Address: Address: City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: REYES, EVELYN Name: Address: 2321 FLAMINGO LAKES DRIVE Address: City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: Title: SEC. () Delete Title: () Change () Addition GONZALEZ, GEORGIA Name: Name: 2231 WHISTLERS PARK CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: Title: **TRES** ( ) Delete Title: TRE. (X) Change ( ) Addition Name: SANCHEZ, MAURICIO Name: SANCHEZ, MAURICIO 13216 VILLA VISTA DRIVE UNIT# 204 13216 VILLA VISTA DRIVE UNIT# 102 Address: Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: ORLANDO, FL 32824 US

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: ORLANDO REYES P/C 03/15/2009