

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007840

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CASA DE ADORACION VIDA NUEVA, INC

**Current Principal Place of Business:**

1965 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1839  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:** 26-3567236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, INTI SR.  
596 PARKER LEE LOOP  
APOPKA, FL 32712 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  
Name: MARTINEZ, INTI SR.  
Address: 596 PARKER LEE LOOP  
City-St-Zip: APOPKA, FL 32712

Title: VP  
Name: RAMIREZ, JUAN O SR.  
Address: 1907 LAUREN BETH AVE  
City-St-Zip: OCOEE, FL 34761

Title: T  
Name: MARTINEZ, RUTH Y  
Address: 596 PARKER LEE LOOP  
City-St-Zip: APOPKA, FL 32712

Title: SECR  
Name: RAMIREZ, WALESKA  
Address: 1907 LAUREN BETH AVE  
City-St-Zip: OCOEE, FL 34761

I hereby 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 all other like empowered.

SIGNATURE: INTI MARTINEZ

P

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date