

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005006

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** CENTRO FAMILIAR NUEVA ESPERANZA, INC.

**Current Principal Place of Business:**

808 E. OKALOOSA AVE.  
TAMPA, FL 33604 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 W. SITKA ST..  
TAMPA, FL 33614 US

**New Mailing Address:**

224 W LINEBAUGH AVE  
TAMPA, FL 33612 US

**FEI Number:** 27-0217631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, CARMEN L  
2901 W. SITKA ST.  
TAMPA, FL 33614 US

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

MEDINA, CARMEN L  
224 W LINEBAUGH AVENUE.  
TAMPA, FL 33612 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:**

05/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MEDINA, CARMEN L  
**Address:** 224 W LINEBAUGH AVENUE  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** VP  
**Name:** MEDINA, OTILIO  
**Address:** 224 W LINEBAUGH AVE  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** S  
**Name:** SIERRA, JORGE  
**Address:** 224 W LINEBAUGH AVE  
**City-St-Zip:** TAMPA, FL 33612 US

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:** CARMEN L. MEDINA

PRES

05/16/2011

Electronic Signature of Signing Officer or Director

Date