2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009434

FILED May 04, 2010 Secretary of State

Entity Name: CENTRO FAMILIAR CRISTIANO LLEVANDO UNA LUZ INC

Current Principal Place of Business: New Principal Place of Business:

801 S W SAINT CROIX COVE PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

Current Mailing Address: New Mailing Address:

801 S W SAINT CROIX COVE 801 SW SAINT CROIX COVE PORT SAINT LUCIE, FL 34986 US PORT SAINT LUCIE, FL 34986 US

FEI Number: 27-1010800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RODRIGUEZ, DOLLY J

801 S W SAINT CROIX COVE
PORT SAINT LUCIE, FL 34986 US

RODRIGUEZ, DOLLY J

801 SW SAINT CROIX COVE
PORT SAINT LUCIE, FL 34986 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: 05/04/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/F

 Name:
 RODRIGUEZ, DOLLY J

 Address:
 801 S W SAINT CROIX COVE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986 US

Title: VP/S

 Name:
 RODRIGUEZ, MISHAEL

 Address:
 801 S W SAINT CROIX COVE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986 US

Title: T/D

 Name:
 CARRASQUILLO, ORLANDO

 Address:
 624 SEA PINE WAY F-2

 City-St-Zip:
 GREENACRES, FL 33415 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: DOLLY J RODRIGUEZ P 05/04/2010