

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

DOCUMENT# N10000000951

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** CASA DE ORACION, INC.

**Current Principal Place of Business:**

427 WATERFORD WAY  
KISSIMEE, FL 34746

**New Principal Place of Business:**

2501 CLAY ST.  
KISSIMEE, FL 34741

**Current Mailing Address:**

PO BOX 422614  
KISSIMMEE, FL 34742

**New Mailing Address:**

2501 CLAY ST.  
KISSIMEE, FL 34741

**FEI Number:** 61-1611095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRUZ, ISAI  
4664 CAVERNS DRIVE  
KISSIMMEE, FL 34758 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: CRUZ, ISAI  
Address: 4664 CAVERNS DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: S  
Name: CRUZ, CHRISTINA  
Address: 4664 CAVERNS DRIVE  
City-St-Zip: KISSIMMEE, FL 34758

Title: T  
Name: LOPEZ, CARLOS R  
Address: 423 WATERFORD WAY  
City-St-Zip: KISSIMMEE, FL 34746

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:** ISAI CRUZ

P

04/05/2011

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

\_\_\_\_\_  
Date