

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007531

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** COMUNIDAD DE FE INTERNACIONAL, INC.

**Current Principal Place of Business:**

265 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

265 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 27-3222202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, LYDIA C  
265 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 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:** MORALES, LYDIA C  
**Address:** 265 MAGNOLIA PARK TRAIL  
**City-St-Zip:** SANFORD, FL 32773 US

**Title:** VP  
**Name:** MORALES, MILTON H  
**Address:** 265 MAGNOLIA PARK TRAIL  
**City-St-Zip:** SANFORD, FL 32773 US

**Title:** T  
**Name:** SANTIAGO, BRENDA L  
**Address:** 2097 ALTOONA LANE  
**City-St-Zip:** DELTONA, FL 32738 US

**Title:** S  
**Name:** MORALES, MIRLY J  
**Address:** 265 MAGNOLIA PARK TRL  
**City-St-Zip:** SANFORD, FL 32773 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:** LYDIA C. MORALES

P

01/09/2012

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

\_\_\_\_\_  
Date