

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010232

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CENTRO DE AVIVAMIENTO CRISTIANO, INC.

**Current Principal Place of Business:**

290 W 79TH PL  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5355 W 6TH AVE  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 27-3823704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VILA SANTOYO, ORSON  
5355 W 6TH AVE  
HIALEAH, FL 33012 US

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

VILA SANTOYO, ORSON REV.  
5355 W 6TH AVE  
HIALEAH, FL 33012 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: ORSON VILA SANTOYO

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VILA SANTOYO, ORSON REV..  
Address: 5355 W 6TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: VP  
Name: MORALES, NOEMI REV..  
Address: 5355 W 6TH AVE  
City-St-Zip: HIALEAH, FL 33012

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: ORSON VILA SANTOYO

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date