

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001212

FILED
Jan 15, 2012
Secretary of State

Entity Name: EL CENTRO CRISTIANO EL SHADDAI INC.

Current Principal Place of Business:

1242 SLASH PINE CIRCLE
UNIT #112
PUNTA GORDA, FL 33950

New Principal Place of Business:

1057 COLLINGSWOOD BLVD.
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1242 SLASH PINE CIRCLE
UNIT #112
PUNTA GORDA, FL 33950

New Mailing Address:

3049 TISHMAN AVE.
NORTH PORT, FL 34286

FEI Number: 27-5209994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORTIZ, NORMA V P
1242 SLASH PINE CIRCLE
UNIT #112
PUNTA GORDA,, FL 33950 US

Name and Address of New Registered Agent:

ORTIZ, NORMA V P
1273 JOPLIN AVE NW
PORT CHARLOTTE, FL 33948 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:

01/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PINTO, CARLOS
Address: 1273 JOPLIN AVE NW
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP
Name: ORTIZ, NORMA
Address: 1273 JOPLIN AVE. NW
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S
Name: CARRASQUILLO, YAJAIRA
Address: 3049 TISHMAN AVE
City-St-Zip: NORTH PORT, FL 34286

Title: T
Name: CARRAQUILLO, OMAR
Address: 3049 TISHMAN AVE
City-St-Zip: NORTH PORT, FL 34286

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: CARLOS PINTO

P

01/15/2012

Electronic Signature of Signing Officer or Director

Date