

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006807

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** CHRISTIAN MINISTRY FOUNDATION FOR COMMUNITY HELP, CORP

**Current Principal Place of Business:**

2431 ALOMA AVENUE  
SUITE 241  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

2431 ALOMA AVENUE  
SUITE 241  
WINTER PARK, FL 32792

**New Mailing Address:**

P.BOX 151143  
ALTAMONTE SPS, FL 32715

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ARIAS, NORBERTO SR  
2431 ALOMA AVENUE  
SUITE 241  
WINTER, FL 32792 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: ARIAS, NORBERTO SR  
Address: 2431 ALOMA AV SUITE 241  
City-St-Zip: WINTER PARK, FL 32792

Title: VP  
Name: NORBERTO, ARIAS SR  
Address: 2431 ALOMA AVENUE SUITE 241  
City-St-Zip: WINTER PARK, FL 32792

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: NORBERTO ARIAS

P

01/18/2012

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

\_\_\_\_\_  
Date