2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12278

FILED Apr 08, 2009 Secretary of State

Entity Name: KARDECIAN SPIRITIST CONGREGATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1875 W. FLAGLER STREET MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** PO BOX 452405 MIAMI, FL 33245 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRIETO, NORBERTO RODRIGUEZ, SONIA 15450 SW 75 CIRCLE LANE, APT. 108 927 VIERA AVENUE MIAMI, FL 33193 CORAL GABLES, FL 33146 US 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: SONIA RODRIGUEZ 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete

PLAZA, GUALBERTO Name: Name: 795 W 70TH PLACE Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NIDIA, SENDRA Name: Address: 215 SW 42 AVENUE, APT, 507 Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: TD () Delete Title: () Change () Addition PLAZA, CARMEN Name: Name: 795 W 70TH PLACE Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition PRIETO, NORBERTO Name: Name: RODRIGUEZ, SONIA Address: 15450 SW 75 CIR LN APT 108 Address: 927 VIERA AVENUE City-St-Zip: MIAMI, FL 33193 City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARMEN PLAZA TD 04/08/2009