

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18033

FILED
Feb 18, 2009
Secretary of State

Entity Name: HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.

Current Principal Place of Business:

2480 N.W. 7TH STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

2480 N.W. 7TH STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-2839701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, RODOLFO
3810 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 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: PD () Delete
Name: MARTINEZ, ALEIDA,
Address: 1357 W. 83RD STREET
City-St-Zip: HIALEAH, FL 33014

Title: SD () Delete
Name: PADILLA, ENEIDA
Address: 421 WREN AVE.
City-St-Zip: MIAMI, FL 33166

Title: DT () Delete
Name: CRUZ, ISABEL,
Address: 2852 SW 1 STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: SUAREZ, RODOLFO
Address: 3810 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: TEJERA, ANGEL
Address: 6805 SW 139 PLACE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: SOSA, MARIA
Address: 9650 FOUNTAIN BLEAU BLVD.
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PADILLA, ELPIDIO
Address: 421 WREN AVE.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SUAREZ, RODOLFO
Address: 3810 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: TEJERA, ANGEL
Address: 16041 NW 83 PLACE
City-St-Zip: MIAMI LAKES, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEIDA MARTINEZ

PD

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date