


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N18970 1. Entity Name COMUNIDADES DE FORMACION CRISTIANA, INC.	
--	---

Principal Place of Business 1601 NW 27 AVE MIAMI, FL 33125 US	Mailing Address 1601 NW 27 AVE MIAMI, FL 33125 US
---	---



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2782132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARADIAGA, HECTOR
1641 NW 29TH COURT
MIAMI, FL 33125

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000832376
02/27/08-80057-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARADIAGA, HECTOR 1641 NW 29 CT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORES, MARVIN 1022 NE 110 ST MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARADIAGA, HECTOR 1641 NW 29TH COURT MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARIAS, MARCO 2650 NW 25 AVE., APT #111 MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Maradiaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.6.08

Date Daytime Phone #