2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N23706

Entity Name: LA PAZ DE CRISTO INCORPORATED

Current Principal Place of Business:

920 E SITKA ST
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

7403 ROBINDALE DR.
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2937776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORFFY, REV. ROLANDO R
7403 ROBINBDALE RD.
TAMPA, FL 33619 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:	DP	( ) Delete
Name:	MORFFY, ROLANDO,	
Address:	7403 ROBINDALE ROAD	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	OZUAL, DAVID	
Address:	8303 CLERMONT ST	
City-St-Zip:	TAMPA, FL 33637	
Title:	S	( ) Delete
Name:	ORTIZ, IVIA	
Address:	10551 GREAT FALLS LN	
City-St-Zip:	TAMPA, FL 33617	
Title:	D	( ) Delete
Name:	DUARTE, LEONOR	
Address:	5100 FOREST HILL DRIVE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	LOPEZ, RAFAEL	
Address:	5812 IMPERIAL KEY	
City-St-Zip:	TAMPA, FL 33615	
Title:	T	( ) Delete
Name:	CRUZ, GONZALO	
Address:	24712 PORTOFINO DR	
City-St-Zip:	TAMPA, FL 33559	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: REV. ROLANDO R. MORFFY PRES 02/11/2009

Electronic Signature of Signing Officer or Director — Date