

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28916

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: CHRISTIAN LIFE MISSION, INC.

**Current Principal Place of Business:**

14105 S.W. 184 ST  
MIAMI, FL 33177 US

**New Principal Place of Business:**

**Current Mailing Address:**

14105 S.W. 184 ST  
MIAMI, FL 33177 US

**New Mailing Address:**

FEI Number: 65-0078303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ACOSTA, JAVIER  
15311 SW 177 TER  
MIAMI, FL 33187 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: ACOSTA, JAVIER  
Address: 15311 SW 177 TER  
City-St-Zip: MIAMI, FL 33187 US

Title: SD ( ) Delete  
Name: CUELLAR, DORALUZ,  
Address: 22035 SW 128 CRT.  
City-St-Zip: MIAMI, FL 33170 US

Title: D ( ) Delete  
Name: CUELLAR, ENRIQUE  
Address: 22035 SW 128 CRT.  
City-St-Zip: MIAMI, FL 33170

Title: D ( ) Delete  
Name: MALDONADO, RICHARD  
Address: 18405 S.W. 88TH CT.  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: BARLOCK, DAVID  
Address: 6845 WOLFE RUN RD. SE  
City-St-Zip: DENNISON, OH 44621

Title: D ( ) Delete  
Name: BERNARDONI, DANIA  
Address: 2183 SW 173 AVE  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: PUERTAS, DINELIA  
Address: 2041 SE 15TH ST  
City-St-Zip: MIAMI, FL 33035 US

Title: D (X) Change ( ) Addition  
Name: PUERTAS, RALPH  
Address: 22035 SW 128 CRT.  
City-St-Zip: MIAMI, FL 33170

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: JAVIER ACOSTA

PD

04/10/2008

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

\_\_\_\_\_  
Date