2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2009
Secretary of State

DOCUMENT# N50430

Entity Name: CHRISTIAN SPIRITIST STUDY CENTER INC.

Current Principal Place of Business:

2600 HAMMONDVILLE RD
SUITE 10
POMPANO BCH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2600 HAMMONDVILLE RD
SUITE 10
POMPANO BCH, FL 33069 US

New Mailing Address:

FEI Number: 65-0395457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FILHO, MAURICIO C
9403 VERONA LAKES BLVD
BOYNTON BEACH, FL 33437 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: FILHO, MAURICIO C
Address: 9403 VERONA LAKES BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: SASSON, LIVIA
Address: 4007 CRESCENT CREEK STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete
Name: DE ALMEIDA, MARIA LUCIA
Address: 2820 SW 22ND AVENUE APT 210
City-St-Zip: DELRAY BEACH, FL 33445

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:

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: LIVIA SASSON TD 05/23/2009

Electronic Signature of Signing Officer or Director — Date