2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004504

FILED Apr 15, 2009 Secretary of State

Entity Name: CENTRO MISIONERO PRINCIPE DE PAZ, INC.

	Principal Place of	Business:	New Principal Place	of Business:
	NCASTER ROAD O, FL 32839 US	3		
Current M	Mailing Address:		New Mailing Addres	s:
	NCASTER ROAD O, FL 32839 US	5		
FEI Number	r: 59-3221183 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curi	ent Registered Agent:	Name and Address of	of New Registered Agent:
HERNANI 4641 SAL	DEZ, CARMEN VIA DR			
	O, FL 32839 US	3		
	e of Florida. É	mits this statement for the p Signature of Registered Age		ed office or registered agent, or both,
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	
		K5:		
Title: Name:	PD () Del HERNANDEZ, CAR		Title: Name:	() Change () Addition
Address: City-St-Zip:	4641 SALVIA DR. ORLANDO, FL		Address: City-St-Zip:	
City-St-Zip: Title: Name: Address:				() Change () Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ORLANDO, FL ST () Del GARCIA, FELICITA 4641 SALVIA DR.	ete LLBA	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
	ORLANDO, FL ST () Del GARCIA, FELICITA 4641 SALVIA DR. ORLANDO, FL AST () Del CARRASQUILLO, A 3821 SEABRIDGE	ete .LBA DR. ete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	ORLANDO, FL ST () Del GARCIA, FELICITA 4641 SALVIA DR. ORLANDO, FL AST () Del CARRASQUILLO, A 3821 SEABRIDGE ORLANDO, FL D () Del TORREZ, JOHN 5642 S. FELIPE CL	ete ALBA DR. ete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition

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: CARMEN HERNANDEZ PD 04/15/2009