## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004843

FILED Jan 21, 2009 Secretary of State

Entity Name: MIRAMAR CHRISTIAN CENTER, INC.

Current Principal Place of Business:		New P	New Principal Place of Business:	
	AMAR PARKWAY R, FL 33023 US			
Current I	Mailing Address:	New M	lailing Address:	
	AMAR PARKWAY R, FL 33023 US			
FEI Numbe	er: 65-0624528 FEI Number A	Applied For ( ) FEI Number Not	Applicable ( ) Certificate of Status Desired ( )	
Name an	d Address of Current Regis	tered Agent: Name	and Address of New Registered Agent:	
MIRAMAF	AMAR PARKWAY R, FL 33023 US	atement for the purpose of chang	ng its registered office or registered agent, or both,	
	te of Florida.	atomonerer and purpose of enamy		
SIGNATL				
	Electronic Signature o	f Registered Agent	Date	
OFFICER	RS AND DIRECTORS:	ADDIT	IONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete RAMNATH, RAJENDRANATH 15221 SW 46TH COURT MIRAMAR, FL 33027	Title: Name: Address City-St-Z		
Title: Name: Address: City-St-Zip:	T () Delete JENKINS III, ROBERT 4121 NW 26TH STREET LAUDERHILL, FL 33021	Title: Name: Address City-St-2		
Title: Name: Address: City-St-Zip:	S ( ) Delete NEISH, SILVIA 8760 N BERMUDA DR MIRAMAR, FL 33025	Title: Name: Address City-St-2		
Title: Name: Address: City-St-Zip:	D ( ) Delete GAMBLE, LENORA 6724 SW 28TH COURT MIRAMAR, FL 33023	Title: Name: Address City-St-2		
Title: Name: Address: City-St-Zip:	VP ( ) Delete PINTO, RIGOBERTO 1431 SW 86TH AVE PEMBROKE PINES, FL 33025	Title: Name: Address City-St-2		
Title: Name: Address:	D ( ) Delete RADHAY, SIEW 2403 JOYCE LANE	Title: Name: 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: SILVIA NEISH S 01/21/2009