

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003079	
1. Entity Name HISPANIC CENTER OF CHRISTIAN LOVE, INC.	

Principal Place of Business 12516 ROCKRIDGE ROAD LAKELAND FL 33809	Mailing Address 12516 ROCKRIDGE ROAD LAKELAND FL 33809
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent PEREZ, BENJAMIN 12516 ROCKRIDGE RD LAKELAND FL 33809	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reconstituting)
DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD PEREZ, BENJAMIN REV. 12516 ROCKRIDGE ROAD LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete SD LEFRANC, GLORIA 12516 ROCKRIDGE ROAD LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TD MARONO, TERESA 12516 ROCKRIDGE ROAD LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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02/21/08 80057-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Le Franc*

GLORIA LEFRANC

2-11-08