## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000004934

Entity Name: COLOMBIA PARA CRISTO INC.

FILED Jan 11, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10160 MAIN DRIVE BONITA SPRINGS, FL 34135 **Current Mailing Address: New Mailing Address:** CARRERA 2A #66-52 10160 MAIN DRIVE BONITA SPRINGS, FL 34135 APT. 120-C BOGOTA, CO COLOMBIA FEI Number: 59-3479262 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STENDAL, PATRICIA C S 10160 MAIN DRIVE BONITA SPRINGS, FL 34135 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete STENDAL, CHADWICK M Name: Name: CALLE 11 #1-54 APT 703 Address: Address: City-St-Zip: SANTA MARTA RODADERO, CO City-St-Zip: Title: Title: ( ) Delete () Change () Addition STENDAL, RUSSELL M Name: Name: Address: CRA 2A #66-52 APT 121D Address: City-St-Zip: BOGOTA, CO City-St-Zip: Title: () Delete Title: () Change () Addition STENDAL, GLORIA Name: Name: CRA 2A #66-52 APT 120 - C Address: Address: City-St-Zip: BOGOTA, COLOMBIA, CO City-St-Zip: Title: ( ) Delete Title: () Change () Addition STENDAL, PATRICIA C Name: Name: 10160 MAIN DRIVE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: () Change () Addition NUVITA, ALFONSO Name: Name: CALLE 24 #18-46 Address: Address: City-St-Zip: SANTA MARTA, COLOMBIA, CO City-St-Zip: Title: () Delete Title: () Change () Addition ALMARIO, NELSON Name: Name: Address: 10401 SW 14 TERRACE Address: MIAMI, FL 33174 US City-St-Zip: 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: PATRICIA C. STENDAL S 01/11/2009