## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005136

FILED Apr 23, 2007 Secretary of State

Entity Name: NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC

Current Principal Place of Business:				New Principal Place of Business:		
3518 AZEE APT #382 FAMPA, F						
Current Mailing Address:				New Mailing Address:		
3518 AZEI APT #382 ГАМРА, F						
El Number	: 59-3480020	FEI Number Applied For ( )	FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name a	nd Address of	New Registered Agent:	
101 E. KEI STE 3000	, DAVID M NNEDY BLVD L 33602 US		1227 N	ES, DAVID M FRANKLIN STF , FL 33602 I		
	named entity e of Florida.	submits this statement for the	e purpose of changir	ig its registered	office or registered agent, or both,	
SIGNATUI	RE: DAVID M	1. JEFFRIES			04/23/2007	
	Electro	nic Signature of Registered A	gent		Date	
OFFICER	S AND DIREC	CTORS:	ADDITI	ONS/CHANGE	S TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: Dity-St-Zip:	PD ( VALLE-PETER 3518 AZEELE TAMPA, FL 33	AVE., #382	Title: Name: Address: City-St-Zi		( ) Change ( ) Addition	
	TD (	) Delete				
Name: Nddress:	CASTILLO, CE	CILIA ATH ISLES RD	Title: Name: Address: City-St-Zi	CASTILLO, C 4801 CULBR	EATH ISLES RD	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CASTILLO, CE 4801 CULBRE TAMPA, FL 33 D ( DELGADO, TO	CILIA ATH ISLES RD 3629 ) Delete MAS ND PARK CIRCLE	Name: Address:	CASTILLO, C 4801 CULBR p: TAMPA, FL	ECILIA EATH ISLES RD	
Name: Address: City-St-Zip: Fitle: Name: Address:	CASTILLO, CE 4801 CULBRE TAMPA, FL 33 D ( DELGADO, TO 4121 HIGHLAN LUTZ, FL 335 SD ( DELGADO, LE	CILIA (ATH ISLES RD (AG29  ) Delete (MAS (AD PARK CIRCLE (A9  ) Delete (CONOR (AD PARK CIRCLE (AD PARK CIRCLE (AD PARK CIRCLE (AD PARK CIRCLE	Name: Address: City-St-Zi Title: Name: Address:	CASTILLO, C 4801 CULBR p: TAMPA, FL : p: D DELGADO, L 4121 HIGHL/	ECILIA EATH ISLES RD 33629  ( ) Change ( ) Addition  (X) Change ( ) Addition EONOR AND PARK CIRCLE	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CASTILLO, CE 4801 CULBRE TAMPA, FL 33 D ( DELGADO, TO 4121 HIGHLAN LUTZ, FL 335 SD ( DELGADO, LE 4121 HIGHLAN LUTZ, FL 335	CILIA (ATH ISLES RD (B629)  ) Delete (MAS) (ID PARK CIRCLE (A9)  ) Delete (CONOR) (ID PARK CIRCLE (A9)  ) Delete (MOND, DALY (MABRY)	Name: Address: City-St-Zi  Title: Name: Address: City-St-Zi  Title: Name: Address:	p: CASTILLO, CAS	ECILIA EATH ISLES RD 33629  ( ) Change ( ) Addition  (X) Change ( ) Addition EONOR AND PARK CIRCLE 549  (X) Change ( ) Addition INETTE PEDRO STREET	

I hereby certify that the information supplied with this filing does not qualify for the 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: AMANDA VALLE-PETERS PD 04/23/2007