

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005136

FILED
Apr 21, 2009
Secretary of State

Entity Name: NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

Current Principal Place of Business:

3518 AZEELE ST
APT #107
TAMPA, FL 33609

New Principal Place of Business:

4001 N. MORRISON AVE.
TAMPA, FL 33629

Current Mailing Address:

3518 AZEELE ST
APT #107
TAMPA, FL 33609

New Mailing Address:

4001 N. MORRISON AVE.
TAMPA, FL 33629

FEI Number: 59-3480020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFRIES, DAVID M
1227 N FRANKLIN STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: VALLE-PETERS, AMANDA
Address: 3518 AZEELE AVE., #107
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: CASTILLO, CECILIA
Address: 4801 CULBREATH ISLES RD
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: DELGADO, TOMAS
Address: 4121 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: DELGADO, LEONOR
Address: 4121 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: HIGGINS, ANNETTE
Address: 3607 W SAN PEDRO STREET
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: HIGGINS, PAUL
Address: 3607 W SAN PEDRO STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALLE-PETERS, AMANDA
Address: 4001 W. MORRISON AVE.
City-St-Zip: TAMPA, FL 33629

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: AMANDA VALLE-PETERS

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date