2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

Current Principal Place of Business:

4001 N. MORRISON AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4001 N. MORRISON AVE.
TAMPA, FL 33629

New Mailing Address:

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
Name: VALLE-PETERS, AMANDA
Address: 4001 W. MORRISON AVE.
City-St-Zip: TAMPA, FL 33629

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

Title: D
Name: JEFFRIES, DAVID M
Address: 1227 N FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: D
Name: MILLER, ASHLEY
Address: 3608 W CORONA STREET
City-St-Zip: TAMPA, FL 33629

Title: SD
Name: ACOSTA, JOLYON
Address: 1907 W BRISTOL AVE
City-St-Zip: TAMPA, FL 33606

Title: TD
Name: ACOSTA, CHRISTINE
Address: 1907 W BRISTOL AVE
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: AMANDA VALLE-PETERS PD 04/09/2010

Electronic Signature of Signing Officer or Director — Date