2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N98000000683

Entity Name: JESUCRISTO CAMINO DE LUZ INC.

Current Principal Place of Business:

1336 E. VINE ST.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2162 GRANGER AVE
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-3491480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCENA, JOHN
2162 GRANGER AVE
KISSIMMEE, FL 34746 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: DP ( ) Delete
Name: LUCENA, JOHN
Address: 2162 GRANGER AVE
City-St-Zip: KISSIMMEE, FL 34743

Title: TR ( ) Delete
Name: MORA, FRANCISCO
Address: 129 MOSS BLUFF RD
City-St-Zip: KISSIMMEE, FL 34746

Title: TR ( ) Delete
Name: DE LA ROCHA, AMPARO
Address: 506 ROYAL PALM
City-St-Zip: KISSIMMEE, FL 34743

Title: S ( ) Delete
Name: SOLARTE, SILVIA
Address: 2162 GRANGER AVE
City-St-Zip: KISSIMMEE, FL 34746

Title: TR ( ) Delete
Name: CALIXTO, MARILOY
Address: 1336 E VINE ST
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete
Name: MARIN, MARIO
Address: 825 N. CROSS CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change ( ) Addition
Name: ALFARO, CLARA
Address: 3805 PEACE PIPE DRIVE
City-St-Zip: ORLANDO, FL 32829

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: JOHN LUCENA P 04/07/2009

Electronic Signature of Signing Officer or Director — Date