

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002924

FILED
Jul 09, 2008
Secretary of State

Entity Name: CHRISTIAN CENTER NEW VISION, INC

Current Principal Place of Business:

75 N BUMBE AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

75 N BUMBE AVE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3529322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE LA ROSA, DIOGENES
5808 WILLOWBUD COURT
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

VARGAS, MILAGROS
3278 CANOE CREEK RD
SUITE 1
SAINT CLOUD, FL 34772 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: MILAGROS VARGAS

07/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: DELA ROSA, DIOGENES
Address: 5808 WILLOWBUD COURT
City-St-Zip: ORLANDO, FL 32807

Title: VPD () Delete
Name: DE LA ROSA, DOLORES
Address: 5808 WILLOWBUD COURT
City-St-Zip: ORLANDO, FL 32807

Title: T () Delete
Name: OBDULIO, CALO
Address: 2513 RIO PINELLAS BLVD
City-St-Zip: ORLANDO, FL 32822

Title: S () Delete
Name: SALAZAR, CARMEN
Address: 5445 LEEHIGH AVE.
City-St-Zip: ORLANDO, FL 32807

Title: SD () Delete
Name: DE LA ROSA, ESPERANZA
Address: 1218 RUSTIC DR.
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: RODRIGUEZ, MELANIA
Address: 2029 GARWOOD DR.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: DIOGENES DE LA ROSA

PD

07/09/2008

Electronic Signature of Signing Officer or Director

Date