2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003455

FILED Mar 22, 2009 Secretary of State

Entity Name: THE ECUMENICAL CATHOLIC CHURCH OF CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

9745 BAY BAY HARBOR TERR 500 WEST PARK DRIVE 201

BAY HARBOR ISLANDS, FL 33154 US MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

500 WEST PARK DRIVE P. O. BOX 546081 201

SURFSIDE, FL 33154 US MIAMI, FL 33172 US

FEI Number: 65-0855875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODIG, REV. DR. KARL R RIZO, HERMOGENES R MSGR.

9745 BÂY HARBOR TERR 500 WEST PARK DRIVE 201 BAY HARBOR ISLANDS, FL 33154 US MIAMI, FL 33172 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: HERMOGENES R. RIZO 03/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DAS () Delete (X) Change () Addition

DAYSY, RIZO FERREIRA, IVETTE Name: Name: 410 WEST PARK DR., #208 Address: 2510 SW 27 LN Address:

City-St-Zip: MIAMI, FL 33172 US City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PD () Delete Title: (X) Change () Addition

HERMOGENES, RIZO Name: RIZO, DAISY Name:

Address: 13432 SW 66TH TERRACE Address: 500 WEST PARK DRIVE City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33172 US

Title: () Delete Title: (X) Change () Addition

FERDINAND, OBDIN DAVILA, ALIDA Name: Name: 9745 BAY HARBOR TERR, #8 Address: Address: 1637 2ND STREET, #3 City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US City-St-Zip: MIAMI, FL 33135 US

Title: () Delete Title: PD () Change (X) Addition

Name: Name: ALEMAN, HILDIE

Address: Address: 410 WEST PARK DRIVE, #108

City-St-Zip: City-St-Zip: MIAMI, FL 33172 US

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: DAISY RIZO PD 03/22/2009