

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90062 039 ****61.25

DOCUMENT # N99000002638

1. Entity Name
COMUNIDAD DE CRISTO INC.



Principal Place of Business
**10395 NW 41 STREET
110
MIAMI, FL 33178**

Mailing Address
**10395 NW 41 STREET
110
MIAMI, FL 33178**

2. Principal Place of Business - No P.O. Box #

10395 NW 41 ST

3. Mailing Address

10395 NW 41 ST

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Doral, FL

City & State

Doral, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

04022008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0975764

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAIME, FERNANDEZ P
5405 NW 158 TERRACE,
APT. # 201
MIAMI, FL 33014**

7. Name and Address of New Registered Agent

Name **Jaime Fernandez**

Street Address (P.O. Box Number is Not Acceptable)

8984 NW 180 Terrace

City **Miami**

FL

Zip Code

33018

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **E**
STREET ADDRESS **PORTILLO, WALTER**
CITY-ST-ZIP **7585 SW 109TH PLACE
MIAMI, FL 33173**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **VALLADARES, MARIO**
CITY-ST-ZIP **9149 NW 152 LANE
MIAMI LAKES, FL 33018**

TITLE ☐ Delete
NAME **E**
STREET ADDRESS **FERNANDEZ, JAIME**
CITY-ST-ZIP **5405 NW 158 TERRACE, APT.#201
MIAMI, FL 33014**

TITLE ☐ Delete
NAME **E**
STREET ADDRESS **MONSALVE, LUIS G**
CITY-ST-ZIP **12744 SW 49TH CT
MIRAMAR, FL 33027**

TITLE ☒ Delete
NAME **E**
STREET ADDRESS **GARCIA, HECTOR**
CITY-ST-ZIP **18322 SW 142ND CT
MIAMI, FL 33177**

TITLE ☐ Delete
NAME **E**
STREET ADDRESS **GIANNI, GRACIA P**
CITY-ST-ZIP **1044 NW 129 COURT
MIAMI, FL 33182**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Pieschacon, Luis**
CITY-ST-ZIP **10090 NW 80 Court Apt 1402
Hialeah, FL 33016**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Freire, Dalila**
CITY-ST-ZIP **7425 W 31 Avenue
Hialeah, FL 33018**

TITLE ☒ Change ☐ Addition
NAME **E**
STREET ADDRESS **Fernandez, Jaime**
CITY-ST-ZIP **8984 NW 180 Terrace
Miami, FL 33018**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Amador, Betty**
CITY-ST-ZIP **2341 SW 68 Terrace
Miramar, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-08 (786) 357-4842

Date

Daytime Phone #