

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N99000002638

Entity Name: COMUNIDAD DE CRISTO INC.

Current Principal Place of Business:

10395 NW 41 STREET
#110
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10395 NW 41 STREET
#110
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 65-0975764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAIME, FERNANDEZ P
8984 NW 180 TERRACE
MIAMI, FL 33018 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: E () Delete
Name: PORTILLO, WALTER
Address: 7585 SW 109TH PLACE
City-St-Zip: MIAMI, FL 33173

Title: T () Delete
Name: VALLADARES, MARIO
Address: 9149 NW 152 LANE
City-St-Zip: MIAMI LAKES, FL 33018

Title: E () Delete
Name: FERNANDEZ, JAIME
Address: 8984 NW 180 TERRACE
City-St-Zip: MAIMI, FL 33018

Title: E () Delete
Name: MONSALVE, LUIS G
Address: 12744 SW 49TH CT
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: DIESCHACON, LUIS
Address: 10090 NW 80 COURT APT 1402
City-St-Zip: MIAMI, FL 33016

Title: E () Delete
Name: GIANNI, GRACIA P
Address: 1044 NW 129 COURT
City-St-Zip: MIAMI, FL 33182

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
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PIESCHACON, LUIS G
Address: 7710 W 28 AVE APT 206
City-St-Zip: HIALEAH, FL 33018

Title: D (X) Change () Addition
Name: FREIRE, DALILA
Address: 7425 W 31 AVE
City-St-Zip: HIALEAH, FL 33018

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: JAIME FERNANDEZ

E

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date