

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N06000007845

Entity Name: COMUNIDAD FAMILIAR TABERNACULO DE ADORACION, INC.

**Current Principal Place of Business:**

136 BEAL PKWY  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1681 BENNETS END  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 20-5254265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LUZ NOEMI SUAREZ  
1681 BENNETS END  
FT. WALTON BEACH, FL 32547      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: P      ( ) Delete  
Name: DOMINGUEZ, SAMUEL  
Address: 1996 SALAMANCA STREET  
City-St-Zip: NAVARRE, FL 32566

Title: VP      ( ) Delete  
Name: SANCHEZ, JUAN L  
Address: 1681 BENNETTS END  
City-St-Zip: FT, WALTON BEACH, FL 32547

Title: T      ( ) Delete  
Name: ROSAS, DANIEL  
Address: 575 EMERALD LN  
City-St-Zip: FT, WALTON BEACH, FL 32547

Title: S      ( ) Delete  
Name: SUAREZ, LIGEN N  
Address: 1996 SALAMANCA ST  
City-St-Zip: NAVARRE, FL 32566

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: BD      ( ) Change (X) Addition  
Name: SUAREZ, LUZ  
Address: 1681 BENNETTS END  
City-St-Zip: FT WALTON BEACH, FL 32547

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: JUAN L SANCHEZ

VP

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date