

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 010 ****61.25

DOCUMENT # N0200007204

1. Entity Name
MINISTERIO CAPELLANES EN ACCION, INC



Principal Place of Business
9363 DEAMONT AVE
ORLANDO, FL 32825

Mailing Address
9363 DEAMONT AVE
ORLANDO, FL 32825

11021841



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0114049

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROFESSIONAL ACCOUNTNATS & CONSULTANTS, INC
6966 HANGING MOSS RD
SUITE 106
ORLANDO, FL 32807

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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's signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	FARRANT, CAROL A	
STREET ADDRESS	9363 DEAMONT AVE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELEZ, ROGELIO G	
STREET ADDRESS	VIA LUCIA 4MS4, VILLA FONTANA	
CITY-ST-ZIP	CAROLINA, PR 00985	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEGA, SONIA R	
STREET ADDRESS	EL MIRADOR APTMENT, BLDG 2F1	
CITY-ST-ZIP	SAN JUAN, PR 00915	
TITLE	PS	<input type="checkbox"/> Delete
NAME	FARRANT, CAROL A	
STREET ADDRESS	9363 DEAMONT AVE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol A Farrant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (407) 677-1194

Date

Daytime Phone #

CR2E037 (10/02)