

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001471

FILED
Jul 19, 2007
Secretary of State

Entity Name: MINISTERIO APOSTOLICO AVANCE MISIONERO, INC.

Current Principal Place of Business:

9745 TOUCHTONE ROAD
JACKSONVILLE, FL 33246 US

New Principal Place of Business:

9745 TOUCHTONE ROAD, UNIT 503
JACKSONVILLE, FL 33246 US

Current Mailing Address:

P.O. BOX 116384
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 20-0723479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ASENCIO, TONY
3159 ASH HARBOR DR
JACKSONVILLE, FL 32224 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FUNES, ALEX
Address: 9745 TOUCHTONE ROAD
City-St-Zip: JACKSONVILLE, FL 33246 US

Title: AP () Delete
Name: ASENCIO, TONY
Address: 9745 TOUCHTONE ROAD
City-St-Zip: JACKSONVILLE, FL 33246 US

Title: VP () Delete
Name: FUNES, ROSA Q
Address: 9745 TOUCHTONE ROAD
City-St-Zip: JACKSONVILLE, FL 33246

Title: ST () Delete
Name: ASENCIO, MARTA
Address: 9745 TOUCHTONE ROAD
City-St-Zip: JACKSONVILLE, FL 33246

Title: D () Delete
Name: MEDINA, ORLANDO
Address: 9745 TOUCHTONE ROAD
City-St-Zip: JACKSONVILLE, FL 33246

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: TONY ASENCIO

PRE.

07/19/2007

Electronic Signature of Signing Officer or Director

_____ Date