



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90048 022 ****61.25

DOCUMENT # N04000001471			
1. Entity Name MINISTERIO APOSTOLICO AVANCE MISIONERO, INC.			
Principal Place of Business 9745 TOUCHTONE ROAD, UNIT 503 JACKSONVILLE, FL 33246 US		Mailing Address P.O. BOX 116384 JACKSONVILLE, FL 32245 US	
2. Principal Place of Business - No P.O. Box # 9745 TOUCHTON ROAD		3. Mailing Address P.O. Box 17896	
Suite, Apt. #, etc. 502		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32246	Country US	Zip 32245	Country US
6. Name and Address of Current Registered Agent ASENCIO, TONY 3159 ASH HARBOR DR JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name: Asencio Tony Street Address (P.O. Box Number is Not Acceptable): 9745 Touchton Rd 503 City: Jacksonville FL Zip Code: 32246	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FUNES, ALEX 9745 TOUCHTONE ROAD JACKSONVILLE, FL 33246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ASENCIO, TONY 9745 TOUCHTONE ROAD JACKSONVILLE, FL 33246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUNES, ROSA Q 9745 TOUCHTONE ROAD JACKSONVILLE, FL 33246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ASENCIO, MARTA 9745 TOUCHTONE ROAD JACKSONVILLE, FL 33246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Martinez Jose <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2760 CAVENDER CT Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ORLANDO 9745 TOUCHTONE ROAD JACKSONVILLE, FL 33246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Martinez Jorge <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2764 CAVENDER CT Jacksonville, FL 32216
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: 		3/29/2008 (904) 449-2523	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	