

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001471

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** MINISTERIO APOSTOLICO AVANCE MISIONERO, INC.

**Current Principal Place of Business:**

6651 CRESTLINE DR  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

**Current Mailing Address:**

9745 TOUCHTON ROAD  
STE. 502  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

13308 LOW TIDE WAY  
JACKSONVILLE, FL 32258 US

**FEI Number:** 20-0723479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ASENCIO, TONY  
9745 TOUCHTON RD. 502  
JACKSONVILLE, FL 32246 US

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

LUIS, CALDERON  
1700 MINDANAO DR UNIT 1414  
JACKSONVILLE, FL 32246 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: LUIS CALDERON

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FUNES, ALEX I  
Address: 13308 LOW TIDE WAY  
City-St-Zip: JACKSONVILLE, FL 33258 US

Title: AP  
Name: CALDERON, LUIS  
Address: 1700 MINDANAO DR UNIT 1414  
City-St-Zip: JACKSONVILLE, FL 33246 US

Title: VP  
Name: FUNES, ROSA Q  
Address: 13308 LOW TIDE WAY  
City-St-Zip: JACKSONVILLE, FL 33258

Title: T  
Name: PELAEZ, DIEGO F  
Address: 12401 TROPIC DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: MEDINA, ORLANDO  
Address: 13308 LOW TIDE WAY  
City-St-Zip: JACKSONVILLE, FL 33258

Title: S  
Name: RIVERA, NOELIA  
Address: 1700 MINDANAO DR UNIT 1414  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: ALEX FUNES

PRES

04/12/2011

Electronic Signature of Signing Officer or Director

Date