


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90024 045 ****61.25

DOCUMENT # N04000007361	
1. Entity Name MINISTERIO INTERNACIONAL EL REY JESUS/NAPLES, INC.	

Principal Place of Business 977 4TH AVENUE NORTH NAPLES, FL 34102-9581	Mailing Address 977 4TH AVENUE NORTH NAPLES, FL 34102-9581
--	--

4000000



2. Principal Place of Business - No P.O. Box # 977 4TH AVENUE, NORTH Suite, Apt. #, etc.	3. Mailing Address 977 4TH AVENUE, NORTH Suite, Apt. #, etc.
---	---

01162008 Chg-NP CR2E037 (12/06)

City & State NAPLES, FLORIDA	City & State NAPLES, FLORIDA
Zip 34102-5814	Zip 34102-5814
Country	Country

4. FEI Number APPLIED FOR 20-4580546	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAGOS, FREDY F 11420 WHISTLER'S COVE CIRCLE APARTMENT # 121 NAPLES, FL 34102-7883		Name Street Address (P.O. Box Number is Not Acceptable) 182 PALMETTO DUNES CIRCLE City NAPLES FL Zip Code 34113-7554	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	DP LAGOS, FREDY F 11420 WHISTLER'S COVE CIRCLE APT-121 NAPLES, FL 341027883	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	182 PALMETTO DUNES CIRCLE NAPLES, FL 34113-7554	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAGOS, BLANCA 11420 WHISTLER'S COVE CIRCLE APT-121 NAPLES, FL 341027883	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	182 PALMETTO DUNES CIRCLE NAPLES, FL 34113-7554	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, NORMAN 441 10 STREET NORTH NAPLES, FL 34102	<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	DS ALMODOVAR, MARIBEL 441 10 STREET NORTH NAPLES, FL 34102	<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **02-11-08** **239261049**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #