

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007365

FILED
May 01, 2008
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL EL REY JESUS/HOMESTEAD, INC.

Current Principal Place of Business:

1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 13-4286676 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:

MARTINEZ, MARLON
1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: MARTINEZ, MARLON
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: DV () Delete
Name: MARTINEZ, ANA VILMA
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: CARRILLO, ANTOLIANO
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: DT () Delete
Name: OSTENSON, THEODORE L
Address: 1102 N FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: DS () Delete
Name: SAFIE, TERESA D
Address: 1102 N. FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

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: TERESA D SAFIE

DS

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date