

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 10, 2007  
Secretary of State**

DOCUMENT# N05000012167

Entity Name: MINISTERIO EVANGELICO "LUZ Y VERDAD" C.A INC.

**Current Principal Place of Business:**

3724 ELIZABETH ST.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

518 NORTH F STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 20-3913260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UCANAN, MARTHA  
2905 NW 9 ST  
MIAMI, FL 33125      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: P ( ) Delete  
Name: MENDEZ, RUBEN D  
Address: 914 NORTH F STREET APT 12  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP ( ) Delete  
Name: DIEGO, ELISEO J  
Address: 416 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: S ( ) Delete  
Name: SEBASTIAN, REBECA  
Address: 416 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: P,S ( ) Delete  
Name: MANUEL, JUAN P  
Address: 416 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460

Title: T ( ) Delete  
Name: MARTIN, PASCUAL  
Address: 416 SOUTH C STREET  
City-St-Zip: LAKE WORTH, FL 33460

**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 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: RUBEN MENDES

P

03/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date