

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2009
Secretary of State**

DOCUMENT# N07000008118

Entity Name: MINISTERIO INTERNACIONAL SEGUIDORES DE JESUCRISTO, INC.

Current Principal Place of Business:

14699 NE 18 AV
APT. #2N
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

14699 NE 18 AV
APT. #2N
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 75-3251255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PADILLA, ERIK R
14699 NE 18 AV
APT. #2N
NORTH MIAMI, FL 33181 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: PADILLA, ERIK
Address: 14699 NE 18 AV #2N
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: MATUTE, REBECA
Address: 14699 NE 18 AV #2N
City-St-Zip: NORTH MIAMI, FL 33181

Title: D () Delete
Name: SANTOS, LUZ MARY E
Address: 14699 NE 18 AV #2N
City-St-Zip: NORTH MIAMI, FL 33181

Title: DS () Delete
Name: CUELLAR, NANCY
Address: 14699 NE 18 AV #2N
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SANTOS, ELISEO
Address: 14699 NE 18 AV #2N
City-St-Zip: NORTH MIAMI, FL 33181

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: SIRLADY TOREES

CPA

03/11/2009

Electronic Signature of Signing Officer or Director

Date