

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002749

FILED
Jan 17, 2009
Secretary of State

Entity Name: G TREVINO FLORES MINISTRIES, INC.

Current Principal Place of Business:

8400 49 ST N APT 1111
PINELLAS PARK, FL 33780

New Principal Place of Business:

8400 49 ST N APT
1111
PINELLAS PARK, FL 33781

Current Mailing Address:

P.O BOX 2217
PINELLAS PARK, FL 33781

New Mailing Address:

P.O BOX 2217
PINELLAS PARK, FL 33780

FEI Number: 59-3771712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORES, GLORIA T
8400 49TH ST
111
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

TREVINO, GLORIA
8400 49TH ST
111
PINELLAS PARK, FL 33781 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: G LORIA TREVINO

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLORES, GLORIA T
Address: 8400 49ST # 111
City-St-Zip: PINELLAS PARK, FL 33701

Title: D () Delete
Name: MARTINEZ, CHRISTOPHER
Address: 200 STARCREST # 209
City-St-Zip: CLEARWATER, FL 33765

Title: D () Delete
Name: LOPEZ, ANTHONY
Address: 8400 49ST # 1111
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TREVINO, GLORIA
Address: 8400 49TH ST NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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: TREVINO GLORIA

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date