

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010447

**Entity Name:** ALEJANDRO ARIAS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

1550 SARUS AVE  
GROVELAND, FL 34736

**Current Mailing Address:**

PO BOX 2353  
MINNEOLA, FL 34755 US

**FEI Number:** 26-3716656

**Certificate of Status Desired:** No

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

NARDELLA, JR., ANTHONY M. ESQ.  
135 W. CENTRAL BLVD.  
SUITE 300  
ORLANDO, FL 32801 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:** ANTHONY M. NARDELLA, JR., ESQ.

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ARIAS, ALEJANDRO  
Address 1550 SARUS AVE  
City-State-Zip: GROVELAND FL 34736

Title VPD  
Name NARDELLA, JR., ANTHONY M. ESQ.  
Address PO BOX 121727  
City-State-Zip: CLERMONT FL 34712

Title DT  
Name OLMSTEAD, SKIP  
Address 108 N RIVER DR W  
City-State-Zip: JUPITER FL 33458

Title D  
Name MCGUFFIN, PATRICK  
Address 289 LAKE DOE BOULEVARD  
City-State-Zip: APOPKA FL 32703

Title SECRETARY  
Name SHEPPARD, GLEN  
Address 3020 NE 41 TERRACE  
UNIT 9 #241  
City-State-Zip: HOMESTEAD FL 33033

Title D  
Name NICHOLS, TIMOTHY  
Address 6069 BOXWOOD DR.  
City-State-Zip: ROCKFORD IL 61114

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALEJANDRO ARIAS

PD

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date