2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# 739052

Entity Name: THE LATIN-AMERICAN CHRISTIAN CHURCH OF MIAMI, INC.

Current Principal Place of Business:

6201 SW 24TH ST.
MIAMI, FL 331552020

New Principal Place of Business:

Current Mailing Address:

6201 SW 24TH ST.
MIAMI, FL 331552020

New Mailing Address:

FEI Number: 59-2706815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVIESO, NORMA
6201 CORAL WAY
MIAMI, FL 331552020 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: SD ( ) Delete
Name: TRAVIESO, NORMA
Address: 6201 CORAL WAY
City-St-Zip: MIAMI, FL 331552020

Title: PD ( ) Delete
Name: TRAVIESO, GUILLERMO
Address: 6201 CORAL WAY
City-St-Zip: MIAMI, FL 331552020

Title: VPD ( ) Delete
Name: PLATT, ALICIA PLATT
Address: 12950 NW 8TH STREET
City-St-Zip: MIAMI, FL 33182

Title: TD ( ) Delete
Name: DIAZ, ANA C
Address: 2002 S. W. 124TH PL
City-St-Zip: MIAMI, FL 33175

Title: DVT ( ) Delete
Name: LORA-PLATT, YAEL
Address: 12950 NW 8TH ST.
City-St-Zip: MIAMI, FL 33182

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: DIAZ, ANA C PD
Address: 2002 SW 124 PL
City-St-Zip: MIAMI, FL 331757730

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: SD ( ) Change (X) Addition
Name: TRAVIESO, NORMA I
Address: 6201 CORAL WAY
City-St-Zip: MIAMI, FL 331552020

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: NORMA TRAVIESO SD 02/21/2009

Electronic Signature of Signing Officer or Director — Date