


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

04-19-2007 90197 018 ****61.25

DOCUMENT # 767338			
1. Entity Name IGLESIA EVANGELICA MENONITA ARCAS DE SALVACION, INC.			
Principal Place of Business 126 CATALINA STREET FT MYERS, FL 33905		Mailing Address PO BOX 50058 FORT MYERS, FL 33994 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 30-0049956		Applied For <input type="checkbox"/> Not Applicable	
04102007 Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MALDONADO, DAVID 14750 HOMESTEAD ROAD LEHIGH ACRES, FL 33971		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD MALDONADO, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, DAVID	NAME	
STREET ADDRESS	14750 HOMESTEAD ROAD	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE	D PACHECO, ARMANDO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, ARMANDO	NAME	
STREET ADDRESS	5400 BERRYMAN ST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE	S ESTEVE, EDUARDO A <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVE, EDUARDO A	NAME	
STREET ADDRESS	420 ALABAMA RD S	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	CITY-ST-ZIP	
TITLE	T ALAVARADO, BERTHA A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAVARADO, BERTHA A	NAME	
STREET ADDRESS	2118 STELLA STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	D MALDONADO, NORMA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, NORMA	NAME	
STREET ADDRESS	1322 ELLENDALE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	CITY-ST-ZIP	
TITLE	D MALDONADO, MADELINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, MADELINE	NAME	
STREET ADDRESS	14750 HOMESTEAD RD	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Bertha Alicia Alvarado</i>		(239) 332-7556	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	