

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767338**  
 1. Entry 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

**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 30-0049956 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MALDONADO, DAVID  
 14750 HOMESTEAD ROAD  
 LEHIGH ACRES, FL 33971

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MALDONADO, DAVID
STREET ADDRESS	14750 HOMESTEAD ROAD
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	D
NAME	PACHECO, ARMANDO
STREET ADDRESS	5400 BERRYMAN ST
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	T
NAME	ALAVARADO, BERTHA A
STREET ADDRESS	2118 STELLA STREET
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	MALDONADO, NORMA
STREET ADDRESS	1322 ELLENDALE CIRCLE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	D
NAME	MALDONADO, MADELINE
STREET ADDRESS	14750 HOMESTEAD RD
CITY-ST-ZIP	LEHIGH ACRES, FL 33971
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812064  
 02/12/08-80031-018 61.25  
**DO NOT WRITE IN THIS SPACE**

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:** *Bertha Alicia Alvarado* **01/29/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #