

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770856

FILED
Feb 18, 2009
Secretary of State

Entity Name: RENACER EVANGELIST MINISTRIES INC.

Current Principal Place of Business:

4450 NW 135 STREET
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540993
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 59-2459214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUZ-SANCHEZ, ELOISA
310 PALO VERDE DRIVE
LEESBERG, FL 34748 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: PD () Delete
Name: ROSARIO, BOBBY
Address: 19815 NW 34 AVE
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: CRUZ-SANCHEZ, ELOISA
Address: 310 PALO VERDE DRIVE
City-St-Zip: LEESBERG, FL 34748

Title: PDC () Delete
Name: SILVESTRINI, JORGE
Address: PO BOX 700575
City-St-Zip: MIAMI, FL 33170

Title: TD () Delete
Name: RIVERO, EDUARDO,
Address: 1121 ORIOLE AVE
City-St-Zip: MIAMI SPRINGS, FL

Title: SMD () Delete
Name: ROSARIO, ANA
Address: 19815 NW 34TH AVE
City-St-Zip: MIAMI, FL 33056

Title: C (X) Delete
Name: CRUZ, BOBBY REV
Address: 9315 CLASICO WEST
City-St-Zip: WELLINGTON, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SMD (X) Change () Addition
Name: ROSARIO, ANA
Address: 19815 NW 34TH AVE
City-St-Zip: MIAMI, FL 33056

Title: C (X) Change () Addition
Name: CRUZ, BOBBY REV
Address: 9315 CLASICO WEST
City-St-Zip: WELLINGTON, FL 33411

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: BOBBY ROSARIO

PD

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date