

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000779

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: BALZORA CONSULTING MINISTRIES, INC.

**Current Principal Place of Business:**

6341 SW 3RD  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6341 SW 3RD  
MARGATE, FL 33068

**New Mailing Address:**

FEI Number: 65-0784482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BALZORA, LULRICK  
10362 NW 16 COURT  
CORAL SPRINGS, FL 33071      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BALZORA, YODELINE  
Address: 10362 NW 16 CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T ( ) Delete  
Name: BALZORA, NATHALIE  
Address: 6341 SW 3RD  
City-St-Zip: MARGATE, FL 33068

Title: DC ( ) Delete  
Name: BALZORA, RENAUD  
Address: 6341 SW 3RD  
City-St-Zip: MARGATE, FL 33068

Title: DC ( ) Delete  
Name: BALZORA, LULRICK  
Address: 10362 NW 16 CT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: CESAR, EMMANUEL  
Address: 22672 SW 65 WAY  
City-St-Zip: BOCA RATON, FL 33428

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

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: LULRICK BALZORA

DC

06/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date