

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90429 046 ****61.25

DOCUMENT # N00000004612

1. Entity Name

MISSIONARY MINISTRY "AMERICA FOR CHRIST" INC.



Principal Place of Business

**8941 N W 117TH TERRACE
HIALEAH GARDENS FL 33018**

Mailing Address

**8941 N W 117TH TERRACE
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1032161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTAMARINA, JOSE R
8941 N W 117TH TERRACE
HIALEAH GARDENS FL 33018**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **SANTAMARINA, JOSE R**
STREET ADDRESS **8941 N W 117TH TERRACE**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **VD SAMUEL MATOS** ☐ Change ☒ Addition
NAME **5800 W 18 Lane #101**
STREET ADDRESS **HIALEAH, FL 33012**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **RODRIGUEZ, RAFAEL**
STREET ADDRESS **15031 S W 43RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **TD ADDY MELÉNDEZ** ☐ Change ☒ Addition
NAME **7185 W 10 Ave**
STREET ADDRESS **HIALEAH, FL 33014**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **GOMEZ, FRANCISCO**
STREET ADDRESS **16196 S W 4TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE **SD GLORIA LUGO** ☐ Change ☒ Addition
NAME **10126 NW 2 Ave.**
STREET ADDRESS **MIAMI, FL 33150**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **DOWNS, LLOYD**
STREET ADDRESS **2725 W 64 PL., #23 BLD 51**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D RAFAEL RODRÍGUEZ** ☒ Change ☐ Addition
NAME **15031 SW 43rd Terr.**
STREET ADDRESS **MIAMI, FL 33185**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROQUE, PEDRO**
STREET ADDRESS **941 E 45TH STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D FRANCISCO GÓMEZ** ☒ Change ☐ Addition
NAME **16196 SW 4th Street**
STREET ADDRESS **Perm broke Pines, FL 33027**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SANTAMARINA, JOSE R **4-17-03 305-8217047**

CR2E037 (10/02)