

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007720

FILED
Jan 21, 2011
Secretary of State

Entity Name: EL HOSPITAL DEL ALMA LUTHERAN CHURCH OF HOMESTEAD, FLORIDA INC.

Current Principal Place of Business:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: 30-0233765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEREZ-LOPEZ, BENITO REV.
10301 SW 45 ST
MIAMI, FL 33165 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: DV
Name: ESCALANTE, FERNANDO
Address: 28655 S.W. 153RD RD. #105
City-St-Zip: LEISURE CITY, FL 33033

Title: S
Name: GOMEZ, HECTOR
Address: 28501 S.W. 152 AVE. #30
City-St-Zip: LEISURE CITY, FL 33033

Title: DP
Name: PEREZ, JESSIE
Address: 10301 SW 45 ST
City-St-Zip: MIAMI, FL 33165

Title: T
Name: ALMOGUEA, SANDRA
Address: 14211 SW 286 ST.
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: BENITO PEREZ-LOPEZ

REV

01/21/2011

Electronic Signature of Signing Officer or Director

Date