

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001135

FILED
May 13, 2009
Secretary of State

Entity Name: MINISTERIO VIDA PLENA, INC.

Current Principal Place of Business:

8144 BANYAN BLVD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8144 BANYAN BLVD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3698311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

COSTA, HENRIQUE
8144 BANYAN BLVD
ORLANDO, FL 32819 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: DP () Delete
Name: OBERLAENDER, ALEXANDRE R
Address: 1018 WATERSIDE DR
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP (X) Delete
Name: OBERLAENDER, MARCIA
Address: 1018 WATERSIDE DR
City-St-Zip: CELEBRATION, FL 34747 US

Title: DT () Delete
Name: COSTA, HENRIQUE
Address: 8144 BANYAN BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: DS () Delete
Name: OLIVEIRA, DANIELLE
Address: 8144 BANYAN BLVD
City-St-Zip: ORLANDO, FL 32819 US

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:

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: ALEXANDRE R. OBERLAENDER

DP

05/13/2009

Electronic Signature of Signing Officer or Director

Date