

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001737 1. Entity Name MINISTERIO EVANGELISTICO LLUVIAS DE GRACIA, INC.	
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Principal Place of Business 6580 W. 14 AVENUE HIALEAH, FL 33012	Mailing Address 6580 W. 14 AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



03252006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-1103395** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AYALA, CARLOS
6580 W. 14 AVENUE
HIALEAH, FL 33012**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	0000004911USD 04/19/06-80006-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYALA, CARLOS 6580 W. 14 AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAGRAN, MIRTA 6580 W. 14 AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTA, MARVIN Y 1244 NW 3 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____