

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002377

FILED
Apr 20, 2009
Secretary of State

Entity Name: AMANCIO DIAS MINISTRIES INC.

Current Principal Place of Business:

600 SW THIRD STREET
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

6574 N STATE ROAD 7 # 296
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 65-1091665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCISCO, PEREIRA
600 SW THIRD STREET
COCONUT CREEK, FL 33060 US

Name and Address of New Registered Agent:

DIAS, AMANCIO G
600 SW THIRD STREET
COCONUT CREEK, FL 33060 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: AMANCIO DIAS

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIAS, AMANCIO G
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

Title: DVT () Delete
Name: SILVEIRA DIAS, NEIDE
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

Title: DS () Delete
Name: PEREIRA, FRANCISCO R
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

Title: D () Delete
Name: GONZALES, VANIA
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete
Name: REIS, ANDREA
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVT (X) Change () Addition
Name: PEREIRA, FRANCISCO
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

Title: DS (X) Change () Addition
Name: GONZALES, VANIA
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33097

Title: D (X) Change () Addition
Name: REIS, ANDREA
Address: 6574 N STATE ROAD 7 # 296
City-St-Zip: COCONUT CREEK, FL 33073

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: AMANCIO DIAS

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date