2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2004 08:00 AM **DOCUMENT # N02000000669 Secretary of State** 1. Entity Name MINISTERIO LIBERANDO AL CAUTIVO, INC. Principal Place of Business Mailing Address 685 WALKUP DR. ORLANDO FL 32808 PO BOX 585548 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-3735245 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROLON, ALVARO Street Address (P.O. Box Number is Not Acceptable) 685 WALKUP DR. ORLANDO FL 32808 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, ☐ Delete TITLE Change Addition THILE ROLON, ALVARO NAME NAME U00000038596 02/03/04-80011-023 61.25 685 WALKUP DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-1 - 212 CRTY-ST-ZIP TITLE Delete TITLE Change Change Addition U000000039596 ROLON, MELVIN NAME NAME 02/09/04-80011-024 8.75 14501 PEPPERMILL TRAIL STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CETY-ST-ZIP D सारह Change Addition TITLE ☐ Delete PEREZ, DAVID MAME NAME 357 HAWTHRONE HILLS PLACE APT.202 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP CITY-ST-ZIP SD SITE Addition TITLE Delete Change RIVERA, MONICA NAME NAME 13524 LAKE VINING DR. APT 14206 STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 CITY - ST- ZIP CITY- ST- ZIP TATLE TITLE ☐ Delete ☐ Channe ☐ Addition RIVERA, SAULO NAME NAME 451 ELKWOOD LN STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TIBLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 all other tike empowered.

SIGNATURE:

When the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental properties. It was a supplemental properties of the information of the information indicated on this report of supplemental properties. It was a supplemental properties of the information indicated on this report of supplemental properties. It was a supplemental properties of the information indicated on this report of supplemental properties. It was a supplemental properties of the information indicated on this report of the information indicated on this report of supplemental properties. It was a supplemental properties of the information indicated on this report of supplemental properties. It was a supplemental properties of the information indicated on this report of the information indicated on the information indicated on this report of the information indicated on the information indicated on this report of the information indicated on this report of the information indicated on this