

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90007 001 ****61.25
07-07-2006 90007 002 *****8.75

DOCUMENT # N02000000669

1. Entity Name

MINISTERIO LIBERANDO AL CAUTIVO, INC.



Principal Place of Business

685 WALKUP DR.
ORLANDO FL 32808

Mailing Address

PO BOX 585548
ORLANDO FL 32808

00041440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3735245

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLON, ALVARO
685 WALKUP DR.
ORLANDO FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLON, ALVARO	
STREET ADDRESS	685 WALKUP DR.	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLON, MELVIN	
STREET ADDRESS	14501 PEPPERMILL TRAIL	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, DAVID	
STREET ADDRESS	357 HAWTHORNE HILLS PLACE APT.202	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, MONICA	
STREET ADDRESS	13524 LAKE VINING DR. APT 14206	
CITY-ST-ZIP	ORLANDO FL 32821	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, SAULO	
STREET ADDRESS	451 ELKWOOD LN	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimenez Amparo	
STREET ADDRESS	3228 Landtree Cir B	
CITY-ST-ZIP	Orlando, FL 32812-5958	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6241 West Gate Dr. Apt. 1606	
CITY-ST-ZIP	32835-2291	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Washington Hurtado	
STREET ADDRESS	1709 Chesnut Oak Court	
CITY-ST-ZIP	Orlando, FL 32839	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Alvaro Rolon ALVARO ROLON

7-03-06

407-294-3949