2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# N02000000669

Entity Name: MINISTERIO LIBERANDO AL CAUTIVO, INC.

Current Principal Place of Business:

685 WALKUP DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

PO BOX 585548
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3735245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLON, ALVARO
685 WALKUP DR.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: ROLON, ALVARO
Address: 685 WALKUP DR.
City-St-Zip: ORLANDO, FL 32808

Title: VD ( ) Delete
Name: ROLON, MELVIN
Address: 14501 PEPPERMILL TRAIL
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: RIVERA, MONICA
Address: 6241 WEST GATE DR. APT 1606
City-St-Zip: ORLANDO, FL 32835

Title: SD ( ) Delete
Name: AMPARO, JIMENEZ
Address: 3228 LANDTREE CIR B
City-St-Zip: ORLANDO, FL 32812

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: ALVARO ROLON PD 03/07/2009

Electronic Signature of Signing Officer or Director — Date