

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002253

FILED
Apr 21, 2009
Secretary of State

Entity Name: IGLESIA EVANGELICA MISION CENTROAMERICANA ALFAY Y OMEGA, INC.

Current Principal Place of Business:

24 N HOMESTEAD BLVD
HOMESTEAD, FL 33030

New Principal Place of Business:

24 N HOMESTEAD BLVD
HOMESTEAD, FL 33030 US

Current Mailing Address:

P.O. BOX 901369
HOMESTEAD, FL 33090

New Mailing Address:

P.O. BOX 901369
HOMESTEAD, FL 33090 US

FEI Number: 02-0597771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELASQUEZ, EUDOQUIO E
9153 SW 206TH STREET
MIAMI, FL 33189 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: D () Delete
Name: VELASQUEZ, ANTONIO F
Address: 777 NE 11 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: VELASQUEZ, EUDOQUIO E
Address: 9153 SW 206TH STREET
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: VELASQUEZ, ESTEBAN
Address: 1226 NW 11 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: VELASQUEZ, RANUNELFO
Address: 29200 S.W. 147 AVE.
City-St-Zip: HOMESTEAD, FL 33030

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: ANTONIO VELASQUEZ

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date