

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004032

FILED
Mar 09, 2004
Secretary of State**Entity Name:** MISION HISPANA ADONAI, INC.**Current Principal Place of Business:**6590 GOLDEN GATE PARKWAY
NAPLES, FL 34105**New Principal Place of Business:****Current Mailing Address:**6590 GOLDEN GATE PARKWAY
NAPLES, FL 34105**New Mailing Address:****FEI Number:** 04-3668606**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOPEZ, AILEEN M
4265 19TH AVENUE SOUTHWEST
NAPLES, FL 34116 US**Name and Address of New Registered Agent:**GULARTE, FREDY M
4515 28TH PL SW
NAPLES, FL 34116 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: FREDY M GULARTE

03/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: STELLA ROJAS, LUZ
Address: 4142 18TH PL SW
City-St-Zip: NAPLES, FL 34116

Title: VD () Delete
Name: ANTONIO LOPEZ, NIXO
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: LOPEZ, AILEEN MARIA
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: MARINO BEDOYA, JOSE
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ANTONIO LOPEZ, NIXON
Address: 184 FOURCE LAKE CIRCLE #8
City-St-Zip: NAPLES, FL 34104

Title: PD (X) Change () Addition
Name: MAURICIO GULARTE, FREDY
Address: 4515 28TH PL SW
City-St-Zip: NAPLES, FL 34116

Title: SD (X) Change () Addition
Name: MARINO BEDOYA, JOSE
Address: 188 FURSE LAKE CIRCLE #5
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FREDY MAURICIO GULARTE

PD

03/09/2004

Electronic Signature of Signing Officer or Director

Date