

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004032

FILED
Apr 24, 2009
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL JESUCRISTO VIVE Y REINA, INC.

Current Principal Place of Business:

3161 STANTA BARBARA BLVD.
NAPLES, FL 34116

New Principal Place of Business:

3161 SANTA BARBARA BLVD
NAPLES, FL 34116

Current Mailing Address:

3161 STANTA BARBARA BLVD.
NAPLES, FL 34116

New Mailing Address:

188 FURSE LAKES CIR
5
NAPLES, FL 34104

FEI Number: 04-3668606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPL INCOME TAX CORP
6006 RADIO RD
NAPLES, FL 34104 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: BEDOYA, JOSE M
Address: 188 FURSE LAKES CIR. - APT 5
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: ARANGO MEJIA, ANGELA V
Address: 188 FURSE LAKES CIR - APT 5
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: RODRIGUEZ, ANA
Address: 14940 SCHOONER BAY LANE
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: RODRIGUEZ, EDGAR
Address: 14940 SHOONER BAY LANE
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: CAMACHO, LINA
Address: 188 FURSE LAKES CIR. #5
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: CAMACHO, JAN S
Address: 188 FURSE LAKES CIR. - APT 5
City-St-Zip: NAPLES, FL 34104

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
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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: JOSE BEDOYA

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date