

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007260

FILED  
May 07, 2009  
Secretary of State

Entity Name: MINISTERIO EVANGELISTICO LINAJE ESCOGIDO, INC.

**Current Principal Place of Business:**

7216 E CHELSEA ST  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

7216 E CHELSEA ST  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 54-2085284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBLES, SAMUEL  
7216 E CHELSEA ST  
TAMPA, FL 33610      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ROBLES, SAMUEL  
Address: 7216 E CHELSEA ST  
City-St-Zip: TAMPA, FL 33610

Title: SD      ( ) Delete  
Name: ORTEGA, EVELYN R  
Address: 7216 E CHELSEA ST  
City-St-Zip: TAMPA, FL 33610

Title: D      ( ) Delete  
Name: ROBLES, SAMUEL JR.  
Address: 1159 PRESTON DR.  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D      ( ) Delete  
Name: ROBLES, ABDIEL S  
Address: 7216 E CHELSEA ST  
City-St-Zip: TAMPA, FL 33610

**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: SAMUEL ROBLES

PD

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date