

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008216

FILED
Jun 26, 2007
Secretary of State

Entity Name: MINISTERIO EVANGELISTICO AGUILA Y N.G., INC.

Current Principal Place of Business:

15832 S.W. 55TH TERRACE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

15832 S.W. 55TH TERRACE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 30-0124274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

REID, CORALIA
15832 SW 55TH TERRACE
MIAMI, FL 33185 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: REID, CORALIA
Address: 15832 SW 55TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: FIGUEROA, ELIZABETH
Address: 15406 S.W. 172ND ST.
City-St-Zip: MIAMI, FL 33187

Title: TD () Delete
Name: GORDON, VANESSA
Address: 15832 SW 55TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: MURRELL, VERNA
Address: 6110 W 24 COURT #104
City-St-Zip: HIALEAH, FL 33016

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: CORALIA REID

P

06/26/2007

Electronic Signature of Signing Officer or Director

Date