

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001809

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** THE SEAMENS HARVEST MINISTRIES ORGANIZATION, INC.

**Current Principal Place of Business:**

1822-B N. UNIVERSITY DRIVE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19039  
PLANTATION, FL 33318

**New Mailing Address:**

**FEI Number:** 03-0512025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALERS, ALBERTO REV  
9965 NW 9TH COURT  
PLANTATION, FL 33324 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  
Name: ANA, CACERES  
Address: 3055 NW 126 AVE  
City-St-Zip: SUNRISE, FL 33323 US

Title: D  
Name: ALERS, ALBERTO  
Address: 3055 NW 126 AVE  
City-St-Zip: SUNRISE, FL 33323 US

I hereby 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 all other like empowered.

SIGNATURE: ALBERTO ALERS

D

04/30/2010

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

\_\_\_\_\_  
Date