## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002685

Entity Name: DEFREITAS'S MINISTRY CORPORATION.

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4312 NATCHEZ TRACE DR 3961 GARDEN PLAZA WAY

SAINT CLOUD, FL 34769 US 5012

ORLANDO, FL 32837 US

Current Mailing Address: New Mailing Address:

4312 NATCHEZ TRACE DR 3961 GARDEN PLAZA WAY SAINT CLOUD, FL 34769 US 5012

ORLANDO, FL 32837 US

FEI Number: 51-0455734 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:

LARSON, CAROLINE 8818 COMMODITY CIR 40 ORLANDO, FL 32819 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: DEFREITAS, MARCELO M
Address: 4312 NATCHEZ TRACE DR
Address: 3961 GARDEN PLAZA WAY # 5012

City-St-Zip: SAINT CLOUD, FL 34769 US City-St-Zip: ORLANDO, FL 32837 US

Title: VSD Title: (X) Change ( ) Addition ( ) Delete FREITAS, ELISANGELA V M Name: FREITAS, ELISANGELA V M Name: Address: 4312 NATCHEZ TRACE DR Address: 3961 GARDEN PLAZA WAY #5012 City-St-Zip: SAINT CLOUD, FL 34769 US City-St-Zip: ORLANDO, FL 32837 US

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOREIRA, JONATHAS D
 Name:

 Address:
 524 TIMBER RIDGE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779 US
 City-St-Zip:

Title: CNSL ( ) Delete Title: CNSL (X) Change ( ) Addition

Name: PEREIRA, SILAS Name: PEREIRA, SILAS

 Address:
 5566 ARNOLD PALMER DR. 4308
 Address:
 3961 GARDEN PLAZA WAY

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32837

Title: MUSC ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALTHOUSE, JEFFREY
 Name:

 Address:
 202 CHADWORTH DR.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 37758
 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: DEFREITAS, MARCELO M PD 05/02/2008

Electronic Signature of Signing Officer or Director

Date