

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003212

FILED  
Feb 01, 2008  
Secretary of State

**Entity Name:** MINESTERIO EVANGELISTICO DESENMASCARANDO AL DIABLO, INC.

**Current Principal Place of Business:**

9718 NORTH NEBRASKA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

2544 SW 15 AVE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 30-0178768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERMUDEZ, JESUS M  
513 SW 28TH ST  
CAPE CORAL, FL 33914 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: DP ( ) Delete  
Name: BERMUDEZ, JESUS M  
Address: 513 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: DST ( ) Delete  
Name: TORRES, DIANE  
Address: 513 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: FELICIANO, ELSAIN  
Address: 10706 NORTH 14 ST  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: SANCHEZ, AARON  
Address: 9718 NORTH NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: GONZALEZ, ELIZABETH  
Address: 1722 NW 5 ST  
City-St-Zip: CAPE CORAL, FL 33993

**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: D (X) Change ( ) Addition  
Name: SHELSEA, MAIK  
Address: 9716 NORTH NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33614

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: JESUS M BERMUDEZ

DP

02/01/2008

Electronic Signature of Signing Officer or Director

Date