

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003749

FILED
Mar 23, 2009
Secretary of State

Entity Name: MINISTERIO EVANGELICO JESUCRISTO REFUGIO ETERNO, INC.

Current Principal Place of Business:

869 W. 19 ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

550 SW 115 AVENUE
UNIT A-7
MIAMI, FL 33174

New Mailing Address:

FEI Number: 33-1055995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SEGOVIA, VICTOR H
550 SW 115 AVENUE
UNIT A-7
MIAMI, FL 33174 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: P () Delete
Name: SEGOVIA, VICTOR H REV.
Address: 550 SW 115 AVE A7
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: SEGOVIA, MARIA C
Address: 550 SW 115 AVE A7
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: RUIZ, ZULMA T
Address: 8430 N.W 32 AVE
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: SEGOVIA, DANIELA
Address: 550 SW 115 AVE A7
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: MALDALENA, CUETO
Address: 250 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ALMENDAREZ, LORNA N
Address: 3430 E 4 AVE
City-St-Zip: HIALEAH, FL 33013

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
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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: VICTOR H SEGOVIA

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date