

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005553

FILED
Apr 10, 2009
Secretary of State

Entity Name: OSCAR GONZALEZ MINISTRIES, INC.

Current Principal Place of Business:

5242 WALNUT RIDGE DR.
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

PO BOX 720055
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 59-3601576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ANGEL O
5242 WALNUT RIDGE DR.
ORLANDO, FL 32829 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: GONZALEZ, OSCAR
Address: 5242 WALNUT RIDGE DR.
City-St-Zip: ORLANDO, FL 32829

Title: V () Delete
Name: PEREZ, MILAGROS
Address: 5242 WALNUT RIDGE DR.
City-St-Zip: ORLANDO, FL 32829

Title: T () Delete
Name: MADERA, JOEL
Address: 5465 LAKE MARGARETT DRIVE #D
City-St-Zip: ORLANDO, FL 32812

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:

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: ANGEL O. GONZALEZ

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date