

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005986

FILED
Apr 28, 2009
Secretary of State

Entity Name: MINISTERIO CRISTIANO PRINCIPE DE PAZ INC.

Current Principal Place of Business:

235 JOEL BLVD.
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1077
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 65-1204330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOS, YOLANDA
610 WILLIAMS AVE
LEHIGH ACRES, FL 33972 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: VALENTIN, CARLOS
Address: 11524 CLUMBET LANE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T () Delete
Name: LOPEZ, JESUS
Address: 3100 E. 3RD ST
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP () Delete
Name: SANTOS, JONATHAN
Address: 610 WILLIAMS AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: CHIMELIS, ANATILDE
Address: CERRO MIRAMAR #54
City-St-Zip: RINCON, PR 00677

Title: D () Delete
Name: OSSA, ARTURO
Address: 1104 THOMPSON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: CARLOS VALENTIN

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date