

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002114

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** MINISTERIO LEVANTANDO LA BANDERA DE LA VERDAD INC.

**Current Principal Place of Business:**

3147 DASHA PALM DR.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

3147 DASHA PALM DR.  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 43-2044948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AVILES, JOEL  
3147 DASHA PALM DR.  
KISSIMMEE, FL 34744 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: AVILES, JOEL  
Address: 3147 DASHA PALM DR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: AVILES, DAMARIS  
Address: 3147 DASHA PALM DR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: WILLIAMS, NELLIE  
Address: 2467 QUAIL HOLLOW AVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: AVILES, ARIEL  
Address: P.O. BOX 770934  
City-St-Zip: ORLANDO, FL 32877

**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  
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: JOEL AVILES

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date