2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N04000002114

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 ( )**

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: AVILES, DAMARIS
Address: 3147 DASHA PALM DR.
City-St-Zip: KISSIMMEE, FL 34744

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

Title: A (X) Change ( ) Addition
Name: AVILES, ARIEL
Address: P.O. BOX 770934
City-St-Zip: ORLANDO, FL 32877

Title: MD ( ) Change (X) Addition
Name: PADILLA, RAYMOND
Address: 134 MERIDA DR
City-St-Zip: KISSIMMEE, FL 34743

Title: PR ( ) Change (X) Addition
Name: CARRASQUILLO, EDWARD
Address: 1233 CHEROKEE DR.
City-St-Zip: KISSIMMEE, FL 34744

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 04/28/2009

Electronic Signature of Signing Officer or Director — Date