

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006467

FILED
Apr 29, 2009
Secretary of State

Entity Name: MISSION UNION FRATERNITE CHRISTIAN, INC

Current Principal Place of Business:

433 NE 191ST ST STE 201
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

433 NE 191ST ST STE 201
MIAMI, FL 33179

New Mailing Address:

FEI Number: 41-2177098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AURELUS, SAMUEL
433 NE 191ST ST STE 201
MIAMI, FL 33179 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: D () Delete
Name: AURELUS, SAMUEL
Address: 433 NE 191ST ST STE 201
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: AURELUS, EZECHIEL
Address: 433 NE 191ST ST STE 201
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: AURELUS, ANITA
Address: 433 NE 191ST ST STE 201
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: CAMILLE, SANDRA
Address: 4351 SW 160TH AVE STE 204
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: MCKENNY, MARY
Address: 646 NW 13TH TERR
City-St-Zip: FT LAUDERDALE, FL 33331

Title: D () Delete
Name: LOUIS, GERARD S
Address: 155 NW 106TH ST APT 3 C
City-St-Zip: COLUMBUS, NY

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: SAMUEL AURELUS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date