

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006467

FILED  
Mar 12, 2011  
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  
Name: AURELUS, SAMUEL  
Address: 433 NE 191ST ST STE 201  
City-St-Zip: MIAMI, FL 33179

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL AURELUS

PRES

03/12/2011

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

\_\_\_\_\_  
Date