

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006687

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: MINISTERIO EN ALAS DE LA FE INC

**Current Principal Place of Business:**

675 LONGWOOD HILLS  
ROAD  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 131  
SANFORD, FL 327720131

**New Mailing Address:**

FEI Number: 20-1268840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEZ, ROSA  
675 LONGWOOD HILLS RD  
LONGWOOD, FL 32750 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: PF ( ) Delete  
Name: MARTINEZ, ROSA  
Address: 6202 TINLEY TERRACE  
City-St-Zip: SANFORD, FL 32773 716 0

Title: VP ( ) Delete  
Name: DELGADO, MARIA E  
Address: 6202 TINLEY TERRACE  
City-St-Zip: SANFORD, FL 32773 716 0

Title: T ( ) Delete  
Name: BAEZ, GRISEL  
Address: 7719 LADY FRANCIS WAY  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PF (X) Change ( ) Addition  
Name: MARTINEZ, ROSA  
Address: 351 VANGUARD POINT  
City-St-Zip: CASSELBERRY, FL 32707 0

Title: VP (X) Change ( ) Addition  
Name: DELGADO, MARIA E  
Address: 351 VANGUARD POINT  
City-St-Zip: CASSELBERRY, FL 32707 0

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: MARIA E. DELGADO

VP

04/27/2007

Electronic Signature of Signing Officer or Director

Date