

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006687

FILED
Apr 29, 2008
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: 351 VANGUARD POINT
City-St-Zip: CASSELBERRY, FL 32707 0

Title: VP () Delete
Name: DELGADO, MARIA E
Address: 351 VANGUARD POINT
City-St-Zip: CASSELBERRY, FL 32707 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: () 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: MARIA E. DELGADO

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date