2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N04000007307

Entity Name: IGLESIAS DE ALCANCE MISIONERO INC., MINISTERIO INTERNACIONAL

Current Principal Place of Business:

6040 SW 23RD ST
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6040 SW 23RD ST
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 03-0546075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGES, ADALIZ
3500 NW 176TH ST
MIAMI, FL 33056 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: PD ( ) Delete
Name: BORGES, ADALIZ
Address: 3500 NW 176TH ST
City-St-Zip: MIAMI, FL 33056

Title: VPD ( ) Delete
Name: ISALES, EDWIN
Address: 3500 NW 176TH ST
City-St-Zip: MIAMI, FL 33056

Title: SD ( ) Delete
Name: ROSARIO, ANA
Address: 1457 LAKE CRYSTAL TR - # G
City-St-Zip: W PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: DIAZ, EDWIN
Address: 3875 FERN FOREST RD
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: SOTO, PROVIDENCIA
Address: P O BOX 3924
City-St-Zip: HOLLYWOOD, FL 33023

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

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
Name:
Address:
City-St-Zip:

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

Title: D ( ) Change (X) Addition
Name: PERALES, MICHAEL
Address: 8686 DERRY DR.
City-St-Zip: JACKSONVILLE, FL 32244

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: ADALIZ BORGES PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date