2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007615

NUNEZ, LUIS

11846 SW 210 TER

MIAMI, FL 33177

Name:

Address:

City-St-Zip:

Entity Name: NINETY/TEN MINISTRIES, INC.

FILED Jun 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7720 SW 77 AVE MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** POB 430834 MIAMI, FL 33143 FEI Number: 20-1447658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNAL, LUIS C 7720 SW 77 AVE MIAMI, FL 33143 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DOC () Delete () Change () Addition BERNAL, LUIS C Name: Name: Address: 7720 SW 77 AVE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: DST () Delete Title: () Change () Addition Name: BERNAL, CECILIA C Name: Address: 7720 SW 77 AVE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: () Change () Addition PRICE, GARY C Name: Name: 1223 W MAIN STREET SUITE 3253 Address: Address: City-St-Zip: SUN PRAIRIE, WI 53590 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MOLINA, RAUL Name: 10141 SW 40 ST Address: Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CECILIA C BERNAL DST 06/05/2009