

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007840

FILED  
Sep 02, 2005  
Secretary of State

**Entity Name:** FIRST LOVE CHRISTIAN MINISTRY, MINISTERIO PRIMER AMOR INC.

**Current Principal Place of Business:**

14600 SW 296 ST.  
LEISURE CITY,, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901356  
HOMESTEAD, FL 33090 US

**New Mailing Address:**

P.O. BOX 924345  
HOMESTEAD, FL 33092 US

**FEI Number:** 06-1734658 **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:**

BETSY, SOTO  
14600 SW 296 ST.  
LEISURE CITY, FL 33033 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: P ( ) Delete  
Name: SOTO, ROLANDO I  
Address: 14600 SW 296 ST.  
City-St-Zip: LEISURE CITY,, FL 33033

Title: P ( ) Delete  
Name: SOTO, BETSY  
Address: 14600 SW 296 ST.  
City-St-Zip: LEISURE CITY, FL 33033

Title: SEC (X) Delete  
Name: SOTO, ASHLEY  
Address: 14600 SW 296 ST.  
City-St-Zip: LEISURE CITY, FL 33033

Title: COOR (X) Delete  
Name: AGUILAR, MARIO A  
Address: 641 W. FLAGLER ST  
City-St-Zip: MIAMI, FL 33130

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETSY SOTO

PRES

09/02/2005

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

\_\_\_\_\_  
Date