

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

04-17-2007 90245 028 ****61.25

DOCUMENT # N05000000442

1. Entity Name
**MINISTERIO RADIAL "CON CRISTO LA VIDA ES MEJOR"
INC.**



Principal Place of Business
**3497 MARION STREET
ZOLFO SPRINGS, FL 33890 US**

Mailing Address
**P.O. BOX 245
ZOLFO SPRINGS, FL 33890 US**

66013003



03302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2153381

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ROBERT
3497 MARION STREET
ZOLFO SPRING, FL 33890**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/5/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ROBERT
STREET ADDRESS	3497 MARION STREET
CITY - ST - ZIP	ZOLFO SPRINGS, FL 33890
TITLE	S
NAME	RODRIGUEZ, MARIA M
STREET ADDRESS	3497 MARION STREET
CITY - ST - ZIP	ZOLFO SPRING, FL 33890
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/30/07
Date

Daytime Phone #