

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90097 006 ****61.25

DOCUMENT # N05000001851

1. Entity Name

ASOCIACION DE MINISTROS CRISTIANOS DE
HOMESTEAD, SUR MIAMI-DADE, INC.



Principal Place of Business

519 S FLAGLER AVE
HOMESTEAD FL 33030

Mailing Address

519 S FLAGLER AVE
HOMESTEAD FL 33030

2. Principal Place of Business

519 S. Flagler Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

4. FEI Number

54-2151253

☒ Applied For

☐ Not Applicable

Zip

33030

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BELLO, NESTOR D
519 S FLAGLER AVE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name None

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

02/14/2006

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELLO, NESTOR D ☐ Delete
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE VD
NAME CRUZ, MARVIN A ☐ Delete
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE SD
NAME GONZALEZ, YVELICE T ☐ Delete
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE TD
NAME DOMINGUEZ, MANUEL ☐ Delete
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ Delete
NAME FELIZ, SANTOS
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ Delete
NAME PAGAN, NESTOR
STREET ADDRESS 519 S FLAGLER AVE
CITY-ST-ZIP HOMESTEAD FL 33030

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Mike Gonzalez
STREET ADDRESS 519 S. Flagler Ave.
CITY-ST-ZIP Homestead, FL 33030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

02/14/06 (305) 245-4280