2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 8:00 am Secretary of State

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1. Entity Name ASOCIACION DE MINISTROS CRISTIANOS DE HOMESTEAD, SUR MIAMI-DADE, INC.					03-	06-2008 90	050 040	7 ***** 61.2	:S
Principal Place 519 S FLAGL HOMESTEAD,	ER AVE	Mailing Address 519 S FLAGLER AVE HOMESTEAD, FL 3303			400399	85			
2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.		21941 SW / Suite, Apt. #, etc.	12401						1191 di 1961
		City & State				ng-NP 	CR2E03	37 (12/06)	plied For
City & State		Migmi	FL		54-215125	3		No	t Applicable
Zip	Country	33170	US A	1 5	. Certificate of St	atus Desired		\$8.75 Add Fee Required	
	6. Name and Address of Cur	rrent Registered Agent	No		. Name and Add			Agent	
BELLO, NE	ESTOR D	·	Nar	MHK		<u>Ceu</u>			
	GLER AVE EAD, FL 33030	•	Stre	et Address (P.O). Box Number is I	Not Acceptable)		
HOWLSTE	SAD, I E 33030		6	21941	62U 12	401			
			City	MIAM	1		FL	Zin Cod	170
	named entity submits this stateme	ent for the purpose of changing its	registered offi	ce or registered	agent, or both, in	the State of Flo	rida. I am	familiar with,	and accept
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21			~			_	/ - / .\	- / /	
SIGNATURE	Signature, typed or printed name of registered	sgent and title if applicable. (NOTE	Registered Agent	signature required system	en réinstating)		DATE	<u> </u>	
							DATE		
h . *.	Signature, typed or printed name of registered Filling Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financi	ing _ \$	5.00 May Be	Flori	DATE ake check da Depar	c payable to	ate
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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 trusted 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR