

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001851

FILED
Jul 08, 2009
Secretary of State

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

Current Principal Place of Business:

519 S FLAGLER AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

21941 SW 124 CT
MIAMI, FL 33170

New Mailing Address:

FEI Number: 54-2151253 **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:

CRUZ, MARVIN A
21941 SW 124 CT
MIAMI, FL 33170 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: PD () Delete
Name: CRUZ, MARVIN
Address: 21941 SW 124 CT
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: DEJESUS, LUZ D
Address: 11334 SW 184 ST
City-St-Zip: MIAMI, FL 33170

Title: SD () Delete
Name: JARAMILLO, NABOT
Address: 519 S FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: TD () Delete
Name: DOMINGUEZ, MANUEL
Address: 519 S FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: MONTAS, NARCISO
Address: 11334 SW 184 ST
City-St-Zip: MIAMI, FL 33170

Title: D (X) Delete
Name: PICO, LUIS A
Address: 1065 NW 14 AVE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BLANCO, VICKY
Address: 13280 SW 114 TERR
City-St-Zip: MIAMI, FL 33186

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 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.

SIGNATURE: MARVIN CRUZ

PD

07/08/2009

Electronic Signature of Signing Officer or Director

Date