2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000005643

Entity Name: ADVENTIST OF THE PROMISE MINISTRY INC.

Current Principal Place of Business:

11749 S. ORANGE BLOSSOM TRAIL
UNIT C
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

11749 S. ORANGE BLOSSOM TRAIL
UNIT C
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-2934849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARENTE, RENATO B
2477 HARBOR WAY
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

LARSON ACCOUNTING & CONSULTING SERVICE LLC
8810 COMMODITY CIRCLE
SUITE 17
ORLANDO, FL 32819 US

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: CAROLINE LARSON 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TAUBE, OTTO
Address: 637 LYLE AVE.
City-St-Zip: HAYNES CITY, FL 33844

Title: DT ( ) Delete
Name: DIAS, CLAUDIO A
Address: 5186 MILLENIA BLVD. #205
City-St-Zip: ORLANDO, FL 32839

Title: DS ( ) Delete
Name: PARENTE, RENATO B
Address: 2477 HARBOR WAY
City-St-Zip: WINTER PARK, FL 32792

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:

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: OTTO TAUBE DP 04/30/2009
Electronic Signature of Signing Officer or Director Date