## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007377

FILED May 03, 2009 Secretary of State

Entity Name: MINISTERIO EVANGELISTICO PENTECOSTES LIRIO DE LOS VALLES, INC

urrent P	rincipal Place of Business:	New Principal	Place of Business:
013 LUCI AKE WO	ERNE AVE 17 RTH, FL 33460		
urrent M	lailing Address:	New Mailing A	ddress:
OT 79	STER DR CRES, FL 33463		
accordan	: 20-3168395 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did n I Address of Current Registered Agent:	<del>-</del>	ress of New Registered Agent:
0 LANCA	OBERTO STER DR CRES, FL 33463 US		nictored office or registered agent, or both
	named entity submits this statement for the e of Florida.	purpose of changing its reg	gistered office of registered agent, or both,
the State	e of Florida.	purpose of changing its reg	gistered office of registered agent, of both,
	e of Florida.		Date
the State	e of Florida.	gent	
the State	e of Florida.  RE:  Electronic Signature of Registered Ag	gent	Date
the State IGNATUI  FFICER: tte: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Ag  S AND DIRECTORS:  P () Delete LOPEZ, ROBERTO 50 LANCASTER DR	gent  ADDITIONS/CH  Title:  Name:  Address:	Date HANGES TO OFFICERS AND DIRECTOR
the State IGNATUI FFICER: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Ag  S AND DIRECTORS:  P () Delete LOPEZ, ROBERTO 50 LANCASTER DR GREENACRES, FL 33463  VP () Delete SEBASTIAN, GASPAR L 425 WINTER ST	gent  ADDITIONS/CH  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTOR ( ) Change ( ) Addition

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: ROBERTO LOPEZ P 05/03/2009