

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009336

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** ARLETH URDANETA MINISTRIES, INC.

**Current Principal Place of Business:**

5993 LEE VISTA BLVD.  
304  
ORLANDO, FL 32822

**New Principal Place of Business:**

5993 LEE VISTA BLVD.  
306  
ORLANDO, FL 32822

**Current Mailing Address:**

5993 LEE VISTA BLVD.  
304  
ORLANDO, FL 32822

**New Mailing Address:**

5993 LEE VISTA BLVD.  
306  
ORLANDO, FL 32822

**FEI Number:** 20-3142105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERMUDEZ, HECTOR  
1108 MAGNOLIA BLOSSOM COURT  
APOPKA, FL 32712 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: P  
Name: URDANETA, ARLETH  
Address: 5993 LEE VISTA BLVD.  
City-St-Zip: ORLANDO, FL 328224190

Title: VP  
Name: URDANETA, ARMANDO  
Address: 6434 CAVA ALTA DR.  
City-St-Zip: ORLANDO, FL 32835

Title: ST  
Name: BERMUDEZ, HECTOR  
Address: 1108 MAGNOLIA BLOSSOM COURT  
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: ARLETH URDANETA

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date