2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N05000011833

Entity Name: MINISTERIO JESUCRISTO ES EL CAMINO, INC

Current Principal Place of Business:

6534 N.W. SELVITZ RD.
PORT ST LUCIE, FL 34783

New Principal Place of Business:

Current Mailing Address:

601 SW CURTIS STREET
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-3843642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVEZ, VICTORIA
601 SW CURTUS STREET
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

CHAVEZ, VICTORIA R
601 SW CURTUS STREET
PORT ST LUCIE, FL 34983 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: VICTORIA CHAVEZ 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAVEZ, VICTORIA
Address: 601 SW CURTIS ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete
Name: RUIZ, JOSE
Address: 601 SW CURTIS ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S ( ) Delete
Name: PICADO, DELIA
Address: 601 SW CURTIS ST.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete
Name: BENITEZ, SAUL
Address: 601 SW CURTIS ST.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete
Name: RIVERA, BENJAMIN
Address: 601 SW CURTIS ST.
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Delete
Name: BALADI, JUSTO
Address: 601 SW CURTIS ST.
City-St-Zip: PORT ST LUCIE, FL 34983

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:

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

Title: D (X) Change ( ) Addition
Name: BALAM, JUSTO
Address: 601 SW CURTIS ST.
City-St-Zip: PORT ST LUCIE, FL 34983

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: VICTORIA CHAVEZ P 04/27/2009
Electronic Signature of Signing Officer or Director Date