

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009386

FILED
Apr 09, 2009
Secretary of State

Entity Name: MINISTERIO MONTE GERIZIM, INC.

Current Principal Place of Business:

1931 48TH ST. SW
NAPLES, FL 34116 US

New Principal Place of Business:

2150 SANTA BARBARA BLVD
NAPLES, FL 34116 US

Current Mailing Address:

1931 48TH ST. SW
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 26-0153860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PACHECO-V, ROSA E
5454 NW 59 PL
TAMARAC, FL 33319 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 () Delete
Name: GARCIA, DAMARIS
Address: 12036 SITTERLEY LANE
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: CRUZ, MARLEN
Address: 1931 48TH ST SW
City-St-Zip: NAPLES, FL 34116

Title: S () Delete
Name: IGNACIO, BALDEMAR
Address: 5218 24TH AVE SW APT A
City-St-Zip: NAPLES, FL 34116

Title: T () Delete
Name: CRUZ, GREGORIO
Address: 1931 48TH ST SW
City-St-Zip: NAPLES, FL 34116

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:

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: MARLENE CRUZ

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date