

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009676

FILED
Mar 23, 2009
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL NUEVO COMIENZO EN CRISTO CORP

Current Principal Place of Business:

9626 PINES BOULEVARD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 260729
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-5534157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

M & L ENTERPRISES ACCOUNTING
16969 NW 67 AVENUE
SUITE 201
HIALEAH, FL 33015 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: D () Delete
Name: CASTILLO, DOUGLAS R REV
Address: 3578 WEST 80 STREET SUITE 101
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: CLAROS, EDISON REV
Address: 3578 WEST 80 STREET SUITE 101
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: JOSE, HERNANDEZ DIR
Address: 3578 WEST 80 STREET SUITE 101
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTILLO, DOUGLAS R REV
Address: PO BOX 260729
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Change () Addition
Name: CLAROS, EDISON REV
Address: PO BOX 260729
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T (X) Change () Addition
Name: JOSE, HERNANDEZ
Address: PO BOX 260729
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Change (X) Addition
Name: LUGO, PEDRO R
Address: PO BOX 260729
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Change (X) Addition
Name: FLORES, SALVADOR
Address: PO BOX 260729
City-St-Zip: PEMBROKE PINES, FL 33026

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: DOUGLAS CASTILLO

P

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date