2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010064

FILED Feb 02, 2009 Secretary of State

Entity Name: LLAMAS DEL ESPIRITU - AFLAME IN THE SPIRIT ASSO. INC.

Current Principal Place of Business: New Principal Place of Business: 5990 NE 106 CT BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** PO BOX 1404 BRONSON, FL 32621 FEI Number: 02-0787814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELICIANO, MYRNA L FELICIANO, MYRNA L VP, PAS 5990 NE 106 CT 5990 NE 106 CT BRONSON, FL 32621 US BRONSON, FL 32621 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: MYRNA L. FELICIANO 02/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GARCES, IRIS VIOLETA REV Name: Name: 5990 NE 106 CT Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: **VPMD** () Delete Title: () Change () Addition FELICIANO, MYRNA LUZ PASTOR Name: Name: Address: 5990 NE 106 CT Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: VOCA () Delete Title: () Change () Addition MENDEZ, JOSE PASTOR Name: Name: 421 EL CAMINO REAL SOUTH Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: VOCA () Delete Title: () Change () Addition Name: MENDEZ, ELADIA PASTOR Name: 421 EL CAMINO REAL SOUTH Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: SEC. () Delete Title: SEC. (X) Change () Addition RODRIGUEZ, MARITZA SEC RIVERA, MARIA IRIS ELDER Name: Name: 18751 S,E, 11TH PLACE 13730 S.W. 115TH PLACE Address: Address: City-St-Zip: WILLISTON, FL 32696 City-St-Zip: DUNNELLON, FL 34432 Title: () Delete Title: () Change (X) Addition RIVERA. RENE ELDER Name: Name: Address: Address: 13730 S.W. 115TH PLACE DUNNELLON, FL 34432 City-St-Zip: 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: REV. IRIS VIOLETA GARCES PD 02/02/2009