

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011348

FILED
Jan 31, 2008
Secretary of State

Entity Name: ACTIONS 2:17 MINISTRIES, INC.

Current Principal Place of Business:

1600 SW 66 AVE
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

1600 SW 66 AVE
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 02-0799539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

EVELYN, GONZALEZ P MRS.
1600 SW 66 AVE
PEMBROKE PINES, FL 33023 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: EVELYN GONZALEZ

01/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ, OSVALDO J
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: GONZALEZ, VICTOR L
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: GARCIA, ENRIQUE
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: GONZALEZ, MARVIN
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: ROSARIO, DAVID
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: S (X) Delete
Name: LOPEZ-CARDIN, OLGA
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

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: S (X) Change () Addition
Name: LOPEZ-CARDIN, OLGA
Address: 1600 SW 66TH AVE
City-St-Zip: PEMBROKE PINES, FL 33023

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: OSVALDO J. DIAZ

D

01/31/2008

Electronic Signature of Signing Officer or Director

Date