

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011348

FILED
Jan 22, 2009
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:

1122 LAVENDER CIRCLE
WESTON, FL 33327

FEI Number: 02-0799539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EVELYN, GONZALEZ P MRS.
11470 NW 35TH PL
SUNRISE, FL 33323 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: OSVALDO J DIAZ

01/22/2009

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAZ, OSVALDO J
Address: 1122 LAVENDER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: O (X) Change () Addition
Name: GONZALEZ, VICTOR L
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: O (X) Change () Addition
Name: GARCIA, ENRIQUE
Address: 1600 SW 66 AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: O (X) Change () Addition
Name: GONZALEZ, MARVIN
Address: 11470 NW 35TH PL
City-St-Zip: SUNRISE, FL 33323

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

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01/22/2009

Electronic Signature of Signing Officer or Director

Date