

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000854

FILED
Apr 14, 2009
Secretary of State

Entity Name: MISION CARISMATICA INTERNACIONAL DE NAPLES, INC.

Current Principal Place of Business:

3825 BECK BLVD
721
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

776 SAINT ANDREWS BLVD
NAPLES, FL 34113

New Mailing Address:

FEI Number: 14-1992126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, ALEX
776 SAINT ANDREWS BLVD
NAPLES, FL 34113 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: O () Delete
Name: RAMIREZ, ALEX
Address: 776 SAINT ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: RAMIREZ, NARDA L
Address: 776 SAINT ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: GUERRERO, JESUS
Address: 1094 SAN REMO AVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: PEREZ PONCE, CRISTINA
Address: 5221 CARLTON STREET
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: RAMOS, HELENA B
Address: 4530 BOTANICAL PLACE CIRCLE. APT0 104
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: RAMIREZ, NARDA L
Address: 776 SAINT ANDREWS BLVD
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: DURAN, JUAN
Address: 5289 CYPRESS LN
City-St-Zip: NAPLES, FL 34113

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: NARDA L RAMIREZ

O

04/14/2009

Electronic Signature of Signing Officer or Director

Date