

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004705

FILED
Jan 07, 2009
Secretary of State

Entity Name: MINISTERIOS CASA DE DIOS, INC

Current Principal Place of Business:

2697 LEAFY WAY LANE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

2697 LEAFY WAY LANE
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-0219213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POMALES, HUMBERTO A SR
2697 LEAFY WAY LANE
DELTONA, FL 32725 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: P () Delete
Name: POMALES, HUMBERTO A SR
Address: 2697 LEAFY WAY LANE
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: POMALES, MARIA M
Address: 2697 LEAFY WAY LANE
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: RODRIGUEZ, RAFAEL
Address: 1089 E NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: REYES, JESUS
Address: 2774 GRAMERCY DR
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: SOTO, MARISELA
Address: 1087 E NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

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: HUMBERTO POMALES SR

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date