

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004705

FILED
Feb 10, 2012
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:

2745 REBECCA LANE
UNIT C
ORANGE CITY, FL 32763

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
Name: POMALES, REV. HUMBERTO A SR
Address: 2697 LEAFY WAY LANE
City-St-Zip: DELTONA, FL 32725

Title: E-VP
Name: PAGAN, REV. LUIS R
Address: 1089 E. NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: VP
Name: REYES, JESUS
Address: 2774 GRAMERCY DR
City-St-Zip: DELTONA, FL 32738

Title: S
Name: LILLIAN, RIVERA
Address: 1668 N NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

Title: S
Name: SANCHEZ, MILITZA
Address: 2561 N WACO DR
City-St-Zip: DELTONA, FL 32738

Title: T
Name: MYRIAM, POMALES
Address: 211 ASTERBROOKE DR
City-St-Zip: DELAND, FL 32724

I hereby 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 all other like empowered.

SIGNATURE: REV. HUMBERTO A POMALES SR

P

02/10/2012

Electronic Signature of Signing Officer or Director

_____ Date