

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008432

FILED
Apr 16, 2009
Secretary of State

Entity Name: I.D.D. FAMILY MINISTRIES, INC.

Current Principal Place of Business:

949 W 79TH PLACE
HIALEAH, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 420545
MIAMI, FL 33242 US

New Mailing Address:

FEI Number: 26-0782235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAEZ, XAVIER A
949 W 79TH PLACE
HIALEAH, FL 33014 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: BAEZ, XAVIER A
Address: 949 W 79TH PLACE
City-St-Zip: HIALEAH, FL 33014 US

Title: S () Delete
Name: BAEZ, MARIA M
Address: 18245 NW 68TH AVE APT#514
City-St-Zip: HIALEAH, FL 33015 US

Title: TR () Delete
Name: BAEZ, BERTHA
Address: 949 W 79 PL
City-St-Zip: HIALEAH, FL 33014 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BAEZ, MARIA M
Address: 949 W 79TH PLACE
City-St-Zip: HIALEAH, FL 33014 US

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

Title: SEC () Change (X) Addition
Name: CINTRON, MARIA D
Address: 200 BIRKLEY ROAD #LK105
City-St-Zip: HOLLYWOOD, FL 33024

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: XAVIER A. BAEZ

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date