2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008643

FILED May 01, 2009 Secretary of State

Entity Name: VISION EVANGELISTICA MUNDIAL IGLESIA SIN PAREDES, INC **Current Principal Place of Business: New Principal Place of Business:** 202 GREAT YARMOUTH KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** P.O. BOX 470692 CELEBRATION, FL 34747 FEI Number: 26-0844038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EMMANUELLI, MARIBETH EMMANUELLI, MARIBETH 202 GREAT YARMOUTH 202 GREAT YARMOUTH KISS, FL 34758 KISSIMMEE, FL 34758 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: 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EMMANUELLI, MARIBETH Name: Name: Address: P.O.BOX 470692 Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: DELGADO, NADIR Name: CENTENO, NILKA C Address: ST 6-B46 URB MARISOL Address: 2437 N.JOHN YOUNG PARKWAY City-St-Zip: ARECIBO, PR 00612 City-St-Zip: KISSIMMEE, FL 34741 Title: SEC () Delete Title: (X) Change () Addition OTERO, MADELIN Name: OTERO, MADELIN Name: 3620 WEATHERS FIELD DR. Address: 901 GATSHEAD CT Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34746

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: MARIBETH EMMANUELLI P 05/01/2009