

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011462

FILED  
May 19, 2008  
Secretary of State

Entity Name: MISSIONARIES ACTS, INC.

## Current Principal Place of Business:

1325 SE 26TH STREET  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

1325 SE 26TH STREET  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 26-1523567      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:

PARAHYBA, ALVARO C  
1325 SE 26TH STREET  
CAPE CORAL, FL 33904      US

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: PARAHYBA, ALVARO  
Address: 1325 SE 26TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: V      ( ) Delete  
Name: DE SOUZA, VANDER  
Address: 1325 SE 26TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: T      ( ) Delete  
Name: PARAHYBA, ELIETE  
Address: 1325 SE 26TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: S      ( ) Delete  
Name: DE SOUZA, TATIANE  
Address: 1325 SE 26TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALVARO PARAHYBA

P

05/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date