

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011640

FILED
Feb 09, 2012
Secretary of State

Entity Name: CLINICA DEL ALMA DR JESUS CHRISTO MINISTRIES CORP.

Current Principal Place of Business:

220 WEST 62ND STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

220 WEST 62ND STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 22-3973142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIE J. JONES
2261 NW 58TH STREET
MIAMI, FL 33142 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: PD
Name: RODRIGUEZ, AMARILIS
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

Title: VD
Name: NUTTER, BILLY
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

Title: SD
Name: RODRIGUEZ, BELKY
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

Title: T
Name: BATISTA, NILLY
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

Title: D
Name: JONES, WILLIE J
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

Title: D
Name: MARILUZ, SEQUEIRA
Address: 220 WEST 62ND STREET
City-St-Zip: HIALEAH, FL 33012

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: WILLIE JONES

D

02/09/2012

Electronic Signature of Signing Officer or Director

Date