## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001595

Apr 13, 2009 Secretary of State

Entity Name: MINISTERIO SANTUARIO DE PODER CRISTO MISIONERA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1013 LUCERNE AVE 1013 LUCERNE AVE 16

LAKE WORTH, FL 33460

LAKE WORTH, FL 33460

**Current Mailing Address: New Mailing Address:** 

1013 LUCERNE AVE 1013 LUCERNE AVE

LAKE WORTH, FL 33460

LAKE WORTH, FL 33460

FEI Number: 26-4653900 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAVEZ, ROMEO E CHAVEZ, ROMEO E 3025 PARKER AV 3025 PARKER AV

WEST PALM BCH, FL 33405 US WEST PALM BCH, FL 33405 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: ROMEO E CHAVEZ 04/13/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

CHAVEZ, ROMEO CHAVEZ, ROMEO Name: Name: 1013 LUCERNE AVE Address: 1013 LUCERNE AVE SUITE 16 Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: VPTD () Delete Title: **VPTD** (X) Change ( ) Addition

Name: CHAVEZ, KIM Name: CHAVEZ, KIM

Address: 1013 LUCERNE AVE Address: 1013 LUCERNE AVE SUITE16 City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: () Change () Addition

OTERO, RICARDO Name: Name: Address: 445 BROWARD AV Address: City-St-Zip: GREENACRES, FL 33463 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: ROMEO E CHAVEZ PD 04/13/2009