

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 07, 2009
Secretary of State

DOCUMENT# N08000004046

Entity Name: OBRA MISIONERA BAUTISTA EN PORT SAINT LUCIE, INC**Current Principal Place of Business:**1204 S.W. DEL RIO
PORT SAINT LUCIE, FL 34953**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 880142
PORT SAINT LUCIE, FL 34988**New Mailing Address:**882 SW CAMELITE ST
PORT SAINT LUCIE, FL 34983**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SILVA, ROBERTO
882 SW CARMELITE ST
PORT SAINT LUCIE, FL 34983 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: SILVA, ROBERTO
Address: 882 SW CARMELITE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: VP (X) Delete
Name: LARRINAGA, PATRICIO
Address: 425 SW FRIAR ST
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: S () Delete
Name: SILVA, PRISCILLA
Address: 882 SW CARMELITE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: T () Delete
Name: LARRINAGA, ELIZABETH
Address: 425 SW FRIAR ST
City-St-Zip: PORT ST LUCIE, FL 34893**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: GUILARTE, VICTOR
Address: 1873 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S (X) Change () Addition
Name: SILVA, PRISCILLA
Address: 882 SW CARMELITE ST
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: T (X) Change () Addition
Name: SILVA, ROBERTO
Address: 882 SW CARELITE ST
City-St-Zip: PORT ST LUCIE, FL 34893

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: ROBERTO SILVA

TR

11/07/2009

Electronic Signature of Signing Officer or Director

Date