2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004057

Apr 29, 2009 Secretary of State

Entity Name: FATHER SON & HOLY SPIRIT MINISTRY / MINISTERIO PADRE, HIJO Y ESPIRITU SANTO

CORP.

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

563 HUMMINGBIRD CT. KISSIMMEE, FL 34759 US

Current Mailing Address: New Mailing Address:

563 HUMMINGBIRD CT. KISSIMMEE, FL 34759 US

FEI Number: 68-0674035 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:

LOPEZ, ANGEL J JR LOPEZ, ANGEL J PRES. 563 HUMMINGBIRD CT. 563 HÚMMINGBIRD CT. KISSIMMEE, FL 34759 US US KISSIMMEE, FL 34759

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: ANGEL LOPEZ 04/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete LOPEZ, ANGEL J JR. Name: LOPEZ, ANGEL J PRES Name:

563 HUMMINGBIRD CT Address: 563 HUMMINGBIRD CT Address: City-St-Zip: KISSIMMEE, FL 34759 US City-St-Zip: KISSIMMEE, FL 34759 US

Title: SEC. () Delete Title: (X) Change () Addition ROSADO, MARITZA Name: ROSADO, MARITZA SEC Name:

Address: 563 HUMMINGBIRD CT. Address: 563 HUMMINGBIRD CT. City-St-Zip: KISSIMMEE, FL 34759 US City-St-Zip: KISSIMMEE, FL 34759 US

Title: ASSI () Delete Title: ASSI (X) Change () Addition RODRIGUEZ, MARIA ASSIST. RAMOS, JAIME ASSIST. Name: Name:

8520 BLACKCREEK BLVD Address: 3412 FOX HOLLOW DR. Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: ORLANDO, FL 32829 US

Title: TREA () Delete Title: TREA (X) Change () Addition Name: HECTOR, ROMAN Name: ROSADO, MARITZA TREASUR 563 HUMMINGBIRD CT. Address: 4039 EAGLE FEATHER DR. Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: KISSIMMEE, FL 34759 US

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

RAMOS, VIOLETA ASSIST. Name: Name: 8520 BLACK CREEK BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip:

Title: () Delete Title: () Change (X) Addition FRANCHESCHI, MILDRED ASSIST. Name: Name: Address:

Address: 920 MCPHERSON PLACE WINTER GARDEN, FL 34787 US City-St-Zip: 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: MARITZA ROSADO SEC 04/29/2009