

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007489

Entity Name: UNFOLD MINISTRY, INC

FILED  
Sep 25, 2009  
Secretary of State

## Current Principal Place of Business:

4925 OLD PLEASANT HILL ROAD  
KISSIMMEE, FL 34759

## New Principal Place of Business:

## Current Mailing Address:

4925 OLD PLEASANT HILL ROAD  
KISSIMMEE, FL 34759

## New Mailing Address:

FEI Number: 26-3239719      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:

PEREZ, JONATHAN O  
3094 EAGLE CROSSING DRIVE  
KISSIMMEE, FL 34746 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: PEREZ, JONATHAN O  
Address: 3094 EAGLE CROSSING  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete  
Name: SANTOS, MANUEL JR  
Address: 531 DELIDO WAY  
City-St-Zip: KISSIMMEE, FL 34758

Title: S ( ) Delete  
Name: BROWN, DWAYNE E  
Address: 155 AURELIA CT  
City-St-Zip: KISSIMMEE, FL 34758

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PAGAN, RAFAEL O  
Address: 3100 WENTWORTH LN  
City-St-Zip: KISSIMMEE, FL 34741 US

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: JONATHAN O PEREZ

P

09/25/2009

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

\_\_\_\_\_  
Date