

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010929

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: TABERNACULO LLAMA DEL MINISTERIO, INC.

## Current Principal Place of Business:

6512 EDGEWATER DRIVE  
ORLANDO, FL 32860

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 181  
OCOE, FL 34761

## New Mailing Address:

FEI Number: 26-3811489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSARIO, EMMANUEL  
6512 EDGEWATER DRIVE  
ORLANDO, FL 32860 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: ROSARIO, EMMANUEL  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: ROSARIO, NOEMI  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete  
Name: APONTE, NILSA  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: RAMOS, NANCY  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: APONTE, NILSA  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: T (X) Change ( ) Addition  
Name: RAMOS, NANCY  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: AS (X) Change ( ) Addition  
Name: PERALTA, VICTORIA  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

Title: AT ( ) Change (X) Addition  
Name: PACHECO, CLAUDIA  
Address: P.O. BOX 181  
City-St-Zip: OCOEE, FL 34761

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: CLAUDIA PACHECO

AT

02/08/2009

Electronic Signature of Signing Officer or Director

Date