

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 08, 2010
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL TIERRA DE AVIVAMIENTO, INC.

Current Principal Place of Business:

4337 SW 21TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

913 SW 56 ST.
CAPE CORAL, FL 33914

Current Mailing Address:

P.O.BOX 152543
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 26-4676710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONCALVES, ELEONAI REV.
5106 BEAUTY STREET
LEHIGH ACRES, FL 339717541 US

Name and Address of New Registered Agent:

GONCALVES, ELEONAI REV.
942 SW 6 COURT
CAPE CORAL, FL 33991 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: _____

Electronic Signature of Registered Agent

01/08/2010

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GONCALVES, ELEONAI
Address: 942 SW 6 COURT
City-St-Zip: CAPE CORAL, FL 33991

Title: V
Name: BASTOS GONCALVES, VALERIA BRAGA
Address: 4337 SW 21TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S
Name: TORRES, IVELIZZE
Address: 4259 BELLASOL CIR APT 2024
City-St-Zip: FORT MYERS, FL 33916

Title: T
Name: RODRIGUEZ, FELIPE
Address: 1313 SW 11TH PL
City-St-Zip: CAPE CORAL, FL 33991

Title: D
Name: TORIBIO, GERALDO
Address: 913 SW 56TH ST
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: ELEONAI GONCALVES

PAST

01/08/2010

Electronic Signature of Signing Officer or Director

Date