

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011235

FILED
Feb 27, 2012
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL TIERRA DE AVIVAMIENTO, INC.

Current Principal Place of Business:

913 SW 56 S
CAPE CORAL, FL 33914

New Principal Place of Business:

913 SW 56 ST
CAPE CORAL, FL 33914

Current Mailing Address:

PO.BOX. 7464
FORT MYES, FL 33911

New Mailing Address:

PO BOX 7464
FORT MYES, FL 33911

FEI Number: 26-4676710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: P
Name: GONCALVES, ELEONAI SR.
Address: 1506 NE 10TH ST
City-St-Zip: CAPE CORAL, FL 33909

Title: D
Name: TAVERAS, ALEX
Address: 12604 1ST ST
City-St-Zip: FORT MYERS, FL 33905

Title: T
Name: HERNANDEZ, YOLANDA
Address: 1154 HANCOCKCREEK APT 107
City-St-Zip: CAPE CORAL, FL 33909

Title: D
Name: RIVERA, JOSIAS
Address: 1154 HANCOCKCREEK APT 107
City-St-Zip: CAPE CORAL, FL 33909

Title: VP
Name: BRAGA B GONCALVES, VALERIA
Address: 1506 NE 10TH ST
City-St-Zip: CAPE CORAL, FL 33909

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: ALEX F TAVERAS

D

02/27/2012

Electronic Signature of Signing Officer or Director

_____ Date