2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009940

Entity Name: ALLIANCE MINISTRY, INC

FILED Mar 01, 2012 Secretary of State

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

1019 SOUTH VERONICA SHOEMAKER BLVD. 1019 SOUTH VERONICA SHOEMAKER BLVD.

FT. MYERS, FL 33916 US

Current Mailing Address: New Mailing Address:

1019 SOUTH VERONICA SHOEMAKER BLVD. 1019 SOUTH VERONICA SHOEMAKER BLVD.

FT. MYERS, FL 33916 US

FEI Number: 27-1281896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MADE IN BRAZIL INSURANCE AND SERVICES AGEN
5113 29TH STREET S.W.

MADE IN BRAZILSERVICES
5113 29TH STREET S.W.

LEHIGH ACRES, FL 33973 US LEHIGH ACRES, FL 33973 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: MARIA M. CALDAS-LOPES 03/01/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 SANTOS, EDUARDO

 Address:
 1205 NE 10TH LANE

 City-St-Zip:
 CAPE CORAL, FL 33909 US

Title: VPSD

Name: HEIDEMANN, THAIS
Address: 1205 NE 10TH LANE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VSD

Name: ITABORAHY, EDVALDO
Address: 1205 NE 10TH LANE
City-St-Zip: CAPE CORAL, FL 33909 US

Title: TD

Name: ELIES, ELAINE C

Address: 2417 HERB AVENUE SOUTH
City-St-Zip: LEHIGH ACRES, FL 33973 US

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: EDUARDO I. SANTOS PD 03/01/2012