

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000332

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** HISPANIC MINISTRY ORGANIZATION, INC.

**Current Principal Place of Business:**

138 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

2353 CEDAR GARDEN DRIVE  
ORLANDO, FL 32824

**Current Mailing Address:**

138 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743

**New Mailing Address:**

P O BOX 621717  
ORLANDO, FL 32862

**FEI Number:** 27-1677999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, TOMMY  
138 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743 US

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

RUIZ, TOMMY  
2353 CEDAR GARDEN DRIVE  
ORLANDO, FL 32824 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:**

04/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RUIZ, TOMMY  
**Address:** 2353 CEDAR GARDEN DRIVE  
**City-St-Zip:** ORLANDO, FL 32824

**Title:** VD  
**Name:** RUIZ, LIDICE  
**Address:** 2353 CEDAR GARDEN DRIVE  
**City-St-Zip:** ORLANDO, FL 32824

**Title:** TSD  
**Name:** PEREZ, XIOMARA  
**Address:** 2353 CEDAR GARDEN DRIVE  
**City-St-Zip:** ORLANDO, FL 32824

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:** TOMMY RUIZ

PD

04/09/2011

Electronic Signature of Signing Officer or Director

Date