

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003158

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** SANDRA SARRAGA MINISTRIES, INC.

**Current Principal Place of Business:**

5780 S. SEMORAN BLVD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 780087  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 80-0569510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SARRAGA, SANDRA  
5780 S. SEMORAN BLVD  
ORLANDO, FL 32822 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  
Name: SARRAGA, SANDRA  
Address: 5780 S. SEMORAN BLVD.  
City-St-Zip: ORLANDO, FL 32822

Title: VP  
Name: SARRAGA, ALEXANDER  
Address: 5780 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: RAMIREZ, JOHN  
Address: 1775 YORK AVENUE SUITE 22E  
City-St-Zip: ORLANDO, FL 10128

Title: D  
Name: SERRANO, DAVID  
Address: 854 MONOPOLY COURT  
City-St-Zip: ORLANDO, FL 32824

Title: D  
Name: VELLEKAMP, ISAAC  
Address: 5780 S. SEMORAN  
City-St-Zip: ORLANDO, FL 32822

Title: D  
Name: LOPEZ, PATRICIA  
Address: 5780 S. SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

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: SANDRA SANDRA

MRS.

05/01/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date