

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010676

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** RED MINISTERIAL INT'L APOSTOLES DE LA CIUDAD, INC.

**Current Principal Place of Business:**

19622 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

19622 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948 UN

**Current Mailing Address:**

19622 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

PO BOX 495035  
PORT CHARLOTTE, FL 33949

**FEI Number:** 37-1617005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUENTES, AIDA REV.  
19622 MIDWAY BLVD  
PORT CHARLOTTE, FL 33948 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: FUENTES, AIDA REV.  
Address: 19622 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP  
Name: FUENTES, RAMON A REV.  
Address: 19622 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D  
Name: QUINONES, LUCY REV.  
Address: 3003 LAKE MANATEE CT.  
City-St-Zip: CAPE CORAL, FL 33909 UN

Title: D  
Name: GALUE, JUVENCIO REV.  
Address: 1795 CONCORDIA LAKE CIRCLE APT. 2501  
City-St-Zip: CAPE CORAL, FL 33901 UN

Title: D  
Name: MORALES, CARLOS  
Address: PO BOX 495035  
City-St-Zip: PORT CHARLOTTE, FL 33949 UN

Title: AA  
Name: REYES, SONIA  
Address: PO BOX 495035  
City-St-Zip: PORT CHARLOTTE, FL 33949 UN

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: AIDA FUENTES

REV.

02/08/2012

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

\_\_\_\_\_ Date