

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32820

FILED
Mar 16, 2009
Secretary of State

Entity Name: TEMPLO CALVARIO ASAMBLEAS DE DIOS DE MIAMI, INC.

Current Principal Place of Business:

8306 MILLS DR., #136
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

8306 MILLS DR., #136
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-0146823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MANUEL
8306 MILLS DR., #136
MIAMI, FL 33183 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: PD () Delete
Name: ALVAREZ, MANUEL
Address: 680 NW 114 AVE. #103
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: SOSA, MARIA E
Address: 8808 NW 110 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD () Delete
Name: GONZALEZ, NORA E
Address: 10395 SW 28TH ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA E. SOSA

TRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date