

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90046 044 ****70.00

DOCUMENT # N40127 1. Entity Name MINISTRY OF HELP AND EVANGELISM "CHRIST LOVES YOU", INCORPORATED			
Principal Place of Business 17920 NW 44TH AVE. OPALOCKA, FL 33055 US		Mailing Address 17920 NW 44TH AVE. OPALOCKA, FL 33055 US	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami Gardens		City & State Miami Gardens	
Zip 33055		Zip 33055	
Country 		Country 	
4. FEI Number 65-0343193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDONA, ANA C 17920 NW 44TH AVE MIAMI, FL 33055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.		SIGNATURE <u><i>Ana C. Cardona</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARDONA, ANA C 17920 NW 44TH AVE OPALOCKA, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL 33055
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD RIVERA, LATICIA 3801 NW 17 AVE MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CARDONA, ELIEZER 17920 NW 44TH AVE OPALOCKA, FL 33055	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GOMEZ, MARTHA 3801 N.W. 17 AVE MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHAMES, ESTHER 1035 SE 8TH AVE HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOMINGUEZ, CARMEN L 3001 NW 167 TERRACE OPALOCKA, FL 33056	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami, FL
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Ana C. Cardona</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			