

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45642

FILED
Feb 08, 2009
Secretary of State

Entity Name: CONGREGACION MITA DE FLORIDA, INC.

Current Principal Place of Business:

200 WEST LANCASTER RD.
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

200 WEST LANCASTER RD.
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3092641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, ISMAEL
6417 SHERYL ANN DR
ORLANDO, FL 32809 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: VD () Delete
Name: VERA, DAVID A
Address: 11161 LAXTON ST
City-St-Zip: ORLANDO, FL 32824

Title: PD () Delete
Name: SOTO, ISMAEL
Address: 6417 SHERYL ANN DR
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: MAYR, BARBARA
Address: 150 ACAPULCO DR
City-St-Zip: KISSIMMEE, FL 34743

Title: TD () Delete
Name: RIVERA, JUANITA
Address: 1202 WAKULLA WAY
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: ORTIZ, ELDA SARA
Address: 116 W BUCHANON AVE
City-St-Zip: ORLANDO, FL 32809

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:

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: ISMAEL SOTO

PD

02/08/2009

Electronic Signature of Signing Officer or Director

Date