2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003218

Entity Name: MINISTERIO ESPERANZA DE VIDA, INC

FILED Jun 08, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7008 FOREST CITY RD ORLANDO, FL 32810 US				5320 EDGEWATER ROAD ORLANDO, FL 32810 US			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 6 ORLANDO	607683 , FL 3286076	33					
FEI Number:	59-3325691	FEI Number Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status D	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WRIGHT, MILDRED 12729 WOODBURY GLEN DRIVE ORLANDO, FL 32828 US				GONZALEZ, JOSE L 6792 BRITTANY CHASE CT. ORLANDO, FL 32810 US			
The above in the State		submits this statement for the po	urpose o	f changing it	ts registered o	ffice or registered ag	gent, or both,
SIGNATURE: JOSE L. GONZALEZ						06/08/2004	
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () GONZALEZ, M/ 6792 BRITTAN' ORLANDO, FL	CHASE CT		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () REYES, LUZ 1979 BRANCH\ ORLANDO, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	WRIGHT, MILD	URY GLEN DRIVE		Title: Name: Address: City-St-Zip:	S (X) MARTINEZ, JUI 6792 BRITTANY ORLANDO, FL	Y CHASE CT.	
Title: Name: Address: City-St-Zip:	SALGADO, ARI	' 21 BLVD., APT. 125		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CEPERO, TAN	FLORIDA BLVD.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () SANTOS, ARLE 687 CARIBOU (APOPKA, FL 3	COURT		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARITZA GONZALEZ D 06/08/2004