

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003777

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** ALCANCE MISIONERO INTERDENOMINACIONAL, INC.

**Current Principal Place of Business:**

9405 N 11TH ST  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 26732  
TAMPA, FL 33623 US

**New Mailing Address:**

**FEI Number:** 59-3396222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, ALTAGRACIA  
4297 WEST HUMPHREY  
TAMPA, FL 33614 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: GUTIERREZ, ALTAGRACIA  
Address: 4297 WEST HUMPHREY ST  
City-St-Zip: TAMPA, FL 33614

Title: TD ( ) Delete  
Name: SOTO, AIDA  
Address: 290 CR 542  
City-St-Zip: BUSHNEEL, FL

Title: D ( ) Delete  
Name: ROJAS, AURIA  
Address: 4504 MATANZA  
City-St-Zip: TAMPA, FL 33614

Title: OS ( ) Delete  
Name: ROJAS, EDWIIN  
Address: 4504 MATANZA  
City-St-Zip: TAMPA, FL 33614

Title: TD ( ) Delete  
Name: SOTO, RAUL  
Address: 290-CR 542 W  
City-St-Zip: BUSHNELL, FL 33513

Title: VP ( ) Delete  
Name: QUINTERO, HUGO A  
Address: 903 NINA ELIZABETH CIRCLE 101  
City-St-Zip: BRANDON, FL 33510

**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:

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: ALTAGRACIA GUTIERREZ

P/D

04/15/2009

Electronic Signature of Signing Officer or Director

Date