

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, EDWIIIN
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:

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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

Electronic Signature of Signing Officer or Director

P/D

04/15/2009

Date