NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600004351

1. Entity Name

MINISTERIO MISIONEROS DEL EL SHADOÀJ, IL

FILED

05 MAY -3 PM 4: 55

SEURETARY OF STATE

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Add	
4221 E 4 AVE. 520 E	53 57
Suite, Apt. #, etc. Suite, Apt.	
HIAlean FL. HiAlean	Tell MIND A PENNETT PROCES
City & State City & State	
City & State	
Zip Country Zip	Country 5. Certificate of Status Desired \$8.75 Additional
33013 U.S.A. 33013	3 U. S. A. S. Cernicale of Status Desired Fee Required
	7. Name and Address of Current Registered Agent
•	Name TOSE MENDEZ
DO NOT WOITE	JOSE MENDEZ
DO NOT WRITE -	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	
IN I TIO SPACE	520 E 53 SF
	City / / Zip Code
	$\int_{-\infty}^{\infty} L_{IA} / e t H$ FL $\frac{210 + 0000}{3300} / 3 = 1$
8. The above named entity submits this statement for the purpose of o	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.	thanging its registered direct of registered agent, or both, in the state of horizon and armial with, and accept
,	900054517959
	05/13/0501054012 **61.25
SIGNATURE TOWN	00/10/00 01007 012 7701720
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FEE IS \$61.25 9. E	Election Campaign Financing \$5.00 May Be Make Check Payable to
	Trust Fund Contribution. Added to Fees Florida Department of State
initial of Amended USK	Added to rees Figures Department of State
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10 OFFICERS AND DIRECTORS	
10. OFFICERS AND DIRECTORS	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Municipal

13 16-0\$ (305-) 803-8510

CRZEU3/B (12/02)