2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001863

FILED Jan 11, 2009 Secretary of State

Entity Name: EL ENCUENTRO OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
1908 NORT TAMPA, FL	ΓΗ LINCOLN . 33607	AVE.			
Current Mailing Address:			New Mailing	New Mailing Address:	
P. O. BOX 152961 TAMPA, FL 33684			P. O. BOX 152961 TAMPA, FL 336842961 US		
FEI Number:	59-3442978	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
TAMPA, FL The above in the State	HESTNUT S ⁻ . 33607 U named entity of Florida.	S	rpose of changing its	registered office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:					
				/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DUQUE, JOSE	STNUT STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DTU (BRON, ALEX 3812 W KIMB, TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C (DISHMEY, PAI 1749 OPEN FI BRANDON, FL	ELD LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DC (PABON, RAMO 3107 KATHLE TAMPA, FL 30	EN STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CS (DISHMEY, PA 1749 OPEN FI BRANDON, FL	ELD LOOP	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSE L DUQUE PD 01/11/2009