


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # N97000004537 1. Entity Name PEACE UNITED METHODIST CHURCH HISPANIC, INC.	
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Principal Place of Business 12755 QUAIL ROOST DRIVE MIAMI, FL 33177	Mailing Address 12755 QUAIL ROOST DRIVE MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



08042008 No Chg-NP CR2E037 (4/06)

4. FBI Number 65-0787050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIL, FREDY
13045 SW 196 ST
MIAMI, FL 33177

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000957906
08/18/08-80007-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GIL, FREDY 13045 SW 196 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERCEDES, ANDRADE 14215 SW 92 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIL, VILMA 13045 SW 196 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, GIRALDO 19736 SW 119TH PLACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8-13-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #