

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 20, 2009
Secretary of State

DOCUMENT# N99000003357

Entity Name: SAN FRANCISCO DE ASIS EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**15650 MIAMI LAKEWAY NORTH
MIAMI LAKES, FL 33014**New Principal Place of Business:****Current Mailing Address:**2441 N.W. 93 AVE.
STE 101
MIAMI, FL 33172**New Mailing Address:****FEI Number:** 65-0923657**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MESA, MANUEL A ESQ.
2441 N.W. 93 AVE. SUITE 101
MIAMI, FL 33172 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:** D () Delete
Name: PERUYERO, BRAULIO
Address: 162 NORMANDIE DR
City-St-Zip: TAVERNIER, FL 33070**Title:** D () Delete
Name: MESA, MANUEL G
Address: 15650 MIAMI LAKEWAY NORTH
City-St-Zip: MIAMI LAKES, FL 33014**Title:** D () Delete
Name: BETANCOURT, XIOMARA
Address: 15650 MIAMI LAKEWAY NORTH
City-St-Zip: MIAMI LAKES, FL 33014**Title:** D (X) Delete
Name: DE MIRANDA, MARIO REV.
Address: 15650 MIAMI LAKEWAY NORTH
City-St-Zip: MIAMI LAKES, FL 33014**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:

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: MANUEL G MESA

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date