2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N99000003707

Entity Name: MISION APOSTOLICA CUBANA, INC.

Current Principal Place of Business:

P.O. BOX 561512
ORLANDO, FL 328561512

New Principal Place of Business:

2131 WINTER PARK RD
WINTER PARK, FL 32789

Current Mailing Address:

P.O. BOX 561512
ORLANDO, FL 328561512

New Mailing Address:

P.O.BOX 561512
ORLANDO, FL 32856 15

FEI Number: 59-3517427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIGUEL E GARCIA
514 ELLSWORTH ST
ALTAMONTE SPRINGS, FL 32701 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:	DE JUAN, EDUARDO	
Address:	4934 N.SEMINOLE AVE.	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	LERNER, NORMA	
Address:	2756 DEER BERRY CT	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	P	( ) Delete
Name:	MARINA, OTILIA M.D.	
Address:	2131 WINTER PARK RD	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	T	( ) Delete
Name:	GARCIA, MIGUEL E	
Address:	514 ELLSWORTH ST	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	S	( ) Delete
Name:	GARCIA-CREWS, ANTONIO	
Address:	610 CRANES ROOST #201	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	VP	( ) Delete
Name:	RODRIGUEZ, JOSEFINA	
Address:	865 HICKORY KNOLL CT	
City-St-Zip:	APOPKA, FL 32712	

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:	
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: OTILIA MARINA M.D. P 04/05/2009

Electronic Signature of Signing Officer or Director — Date