

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006276

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: MINISTERIO PAN DE VIDA INC.

**Current Principal Place of Business:**

601 DERBY AVE  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

601 DERBY AVE  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 59-3610270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PEREZ, MARIA  
1121 29 STREET NW  
WINTER HAVEN, FL 33881      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: PD      ( ) Delete  
Name: PEREZ, MARIA  
Address: 1121 29 STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD      ( ) Delete  
Name: PEREZ, LINO  
Address: 1121 29 STREET NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD      ( ) Delete  
Name: GONZALEZ, MARIA  
Address: 9585 SHRECK RD  
City-St-Zip: BARTOW, FL 33830

Title: SD      ( ) Delete  
Name: ALARCON, ALICIA  
Address: 6TH ST JPB  
City-St-Zip: WINTER HAVEN, FL 33881

**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: MARIA PEREZ

PD

06/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date