

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007655

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: RADIO LUZ MINISTRIES, INC.

## Current Principal Place of Business:

6106 B HOFFNER AVE.  
ORLANDO, FL 32822

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 593642  
ORLANDO, FL 328593642

## New Mailing Address:

FEI Number: 59-3619155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RODRIGUEZ, BENNY SC  
6101- B HOFFNER AVE.  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

MALDONADO, JOHN SC  
6101- B HOFFNER AVE.  
ORLANDO, FL 32822 US

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: JOHN MALDONADO

02/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GONZALEZ, SATURNINO  
Address: 850 WHISPERING CYPRESS LANE  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: RAMOS, LUIS  
Address: 6106-B HOFFNER AVE.  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: MALDONADO, JOHN  
Address: 8529 LAKE WINDHAM AVE.  
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete  
Name: CINTRON, JAVIER  
Address: 6106-B HOFFNER AVE.  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: BONNETT, DORYS  
Address: 6106-B HOFFNER AVE.  
City-St-Zip: ORLANDO, FL 32822

## 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:

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: JOHN MALDONADO

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date