

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769069

**Entity Name:** APOSTOLIC MISSION OF CHRIST, INC.**Current Principal Place of Business:**261 NE 23RD ST  
MIAMI, FL 33137**Current Mailing Address:**261 NE 23RD ST  
MIAMI, FL 33137 US**FEI Number:** 65-0774858**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEBER, PAOLA B  
261 NE 23RD ST  
MIAMI, FL 33137 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PCMD
Name	WEBER, PAOLA B
Address	261 NE 23 ST.
City-State-Zip:	MIAMI FL 33137

Title	TMD
Name	BUKAWYN, MYRIAM
Address	261 NE 23 ST
City-State-Zip:	MIAMI FL 33137

Title	MD
Name	LATHAM, PAMELA
Address	261 NE 23 ST.
City-State-Zip:	MIAMI FL 33137

Title	MD
Name	MEDINA, FATHER PEDRO PHD
Address	261 NE 23 ST
City-State-Zip:	MIAMI FL 33137

Title	SMD
Name	CASTILLO, SANDRA F
Address	261 NE 23 ST
City-State-Zip:	MIAMI FL 33137

Title	MD
Name	WEBER, CHARLES E
Address	261 NE 23 ST
City-State-Zip:	MIAMI FL 33137

*I hereby 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 all other like empowered.*

**SIGNATURE: DR. PAOLA WEBER****PCMD****02/21/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date