

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

DOCUMENT# N12000011840

**Entity Name:** COME OVER MINISTRY, INC.

**Current Principal Place of Business:**

3751 SHERIDAN ST  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3751 SHERIDAN ST  
HOLLYWOOD, FL 33021

**FEI Number: 46-1751016**

**Certificate of Status Desired: Yes**

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

VARGAS, MARTIN  
3751 SHERIDAN ST  
HOLLYWOOD, FL 33021 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 PED  
Name VARGAS, MARTIN  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title VPD  
Name VARGAS, OMAR  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name LABARCA, ABDIEL  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title SD  
Name BELTRAN, ALBERT  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name FELIZ, EDUARDO  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name SALAZAR, JOSE  
Address 3751 SHERIDAN ST  
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER, DIRECTOR  
Name MENDEZ, JOEL  
Address 3751 SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33024

*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: MARTIN T. VARGAS**

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date