



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Annual Report: No filing fee if received by the due date.

Return completed form within 30 days to 7 Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

| | | ———- | ione. (200) 334-2300 | |
|--|--|---------------------------------------|-----------------------------------|-----------------------|
| SOS Control Number: 620790 | Filing Status: Active-G | ood Standing | | 2 |
| Non-Profit Corporation (D) | Date Formed: 06/04/20 | 115 Fo | rmation Locale: ID | 19 |
| Name and Mailing Address: | | (1) Add or Cha | ange Mailing Address: | N |
| MINISTERIOS VISION CRISTIAN | IA INTERNACIONAL, INC. | 00 - 00 - 00 - 00 - 00 - 00 - 00 - 00 | | : 47 |
| 821 W PINE AVE | | | | • |
| MERIDIAN, ID 83642 | | | | PM |
| | | | | |
| Registered Agent (RA) and Reg | istered Office (RO) Address: | (2) Change RA | A and/or RO Address: | Ϋ́ |
| QUENY ROBLERO 821 W PINE AVE | | : ; | | ₽ |
| MERIDIAN, ID 83642 | | | | İVed |
| | | | | ř |
| | | | | তু |
| Note: Th | e Registered Office address must be a ph | ysical Idaho addre | ess (no postal box). | |
| (3) New Registered Agent (RA) \$ | Signature: | | | Ü |
| - | —————————————————————————————————————— | | new agent must sign here to accep | ot the appointment. 🕡 |
| | ess addresses (with zip code) of the Preside | nt, Vice President, S | Secretary, Treasurer. | 0 0 |
| Title Name | Business Address | | City, State, Zip | |
| Prosident Corny Pic | 1600 821 W. Ping | OUT: | My dean I | X 826421 |
| , , | 51715 8081 E. SHa | Con. DR. | Acmpo To | L 83637 |
| Scorelay, Moston Ki | solers 821 W-pinc | 967 | Mexidian I | X 33643 |
| (5) Board of Directors names and busines | s addresses (with zip code). Attach addition | nal sheet if necessar | ry. | —— 0 H |
| Name | Business Address | ness Address | | 20 |
| | | | | |
| | | | | ct |
| | | | | TO |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u></u> |
| (5) Signature: | | (6) Date: | 2-21-19 | Ω Ω |
| (7) Type/Print Name: | ny Robleso | | PresidenT. | |
| | | | | |

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.