

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002460

FILED
Feb 06, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA PENTECOSTAL MOVIMIENTO LAS MARAVILLAS DEL EXODO, INC.

Current Principal Place of Business:

302 ELTON STREET
BROOKLYN, NY 11208

New Principal Place of Business:

Current Mailing Address:

302 ELTON STREET
BROOKLYN, NY 11208

New Mailing Address:

2242 BRAGG STREET
APT.#3F
BROOKLYN, NY 11229

FEI Number: 11-3344440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAZQUEZ, ANTONIO REV.
12071 SE CITY RD., 484
BELLEVIEW, FL 34421 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: P () Delete
Name: MALDONADO, DAVID REV.
Address: 735 LINCOLN STREET, #5R
City-St-Zip: BROOKLYN, NY 11208

Title: V () Delete
Name: MALDONADO, ALMA DR.
Address: 735 LINCOLN STREET, #5R
City-St-Zip: BROOKLYN, NY 11208

Title: S () Delete
Name: RODRIGUEZ, SONIA
Address: 2894 FULTON ST
City-St-Zip: BROOKLYN, NY 11207

Title: T () Delete
Name: LOZADA, HECTOR M
Address: 2242 BRAGG STREET, #3F
City-St-Zip: BROOKLYN, NY 112295418

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: HECTOR M. LOZADA

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date