2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005667

Address:

City-St-Zip:

11735 OSWALT RD

CLERMONT, FL 34711

FILED Apr 28, 2009 Secretary of State

Entity Name: IGLESIA REFUGIO DE AMOR - ASAMBLEAS DE DIOS, CLERMONT, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 415 OLD HIGHWAY 50 HOLIDAY INN EXPRESS MINNELA-CLERMONT, FL 34715 1810 S HWY 27 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 11735 OSWALT ROAD CLERMONT, FL 34711 FEI Number: 32-0044363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SYMPHORIEN, FRANCISCO G 11735 OSWALT RD. CLERMONT, FL 34711 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SYMPHORIEN, LICILIA M Name: Name: 11735 OSWALT RD Address: Address: CLERMONT, FL 34711 City-St-Zip: City-St-Zip: Title: SEC () Delete Title: SEC (X) Change () Addition RODRIGUEZ, AHIMELEC Name: RODRIGUEZ, AHIMELEC Name: Address: 13238 MOONFLOWER CT. Address: 3122 ANQUILLA AV.. City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: **TRES** () Delete Title: **TRES** (X) Change () Addition SYMPHORIEN, ELY F SYMPHORIEN, ELY F Name: Name: Address: 13238 MOONFLOWER CT. Address: 3122 ANQUILLA AV City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: **PRES** () Delete Title: () Change () Addition Name: SYMPHORIEN, FRANCISCO F Name:

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.

Address:

City-St-Zip:

SIGNATURE: FRANCISCO SYMPHORIEN PRES 04/28/2009