2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N05000012339

Entity Name: IGLESIAS DE CRISTO CORP

Current Principal Place of Business:

206 W. 131 AVENUE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

17416 DARBY LN
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 27-0135516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADENAS, MARGARITA
17416 DARBY LN
LUTZ, FL 33558 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:	CADENAS, MARGARITA	
Address:	17416 DARBY LN	
City-St-Zip:	LUTZ, FL 33558 US	
Title:	DIR.	( ) Delete
Name:	RIVERA FIGUEROA, JUAN	
Address:	PO BOX 50	
City-St-Zip:	COMERIO, PR 00782 US	
Title:	DIR.	( ) Delete
Name:	FLORES, ALMA DELIA	
Address:	COLONIA MOZIMBA	
City-St-Zip:	ACAPULCO, GR ME	
Title:	DIR	( ) Delete
Name:	SUASTIGUI, IGNACIO	
Address:	COLONIA PROGRESO	
City-St-Zip:	ACAPULCO, GR ME	
Title:	DIR	( ) Delete
Name:	DE JESUS, FILOMENO	
Address:	COLONIA PRADERA	
City-St-Zip:	ACAPULCO, GR ME	
Title:	DIR	( ) Delete
Name:	JIMENEZ, MATILDE	
Address:	COLONIA FUERZA AEREA	
City-St-Zip:	ACAPULCO, GR ME	

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:	
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: MARGARITA CADENAS P 04/29/2009

Electronic Signature of Signing Officer or Director — Date