

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005409

FILED  
Jul 13, 2008  
Secretary of State

**Entity Name:** IGLESIA MISIONERA RENACER-ASAMBLEAS DE DIOS, DUNNELLON

**Current Principal Place of Business:**

11755 CEDAR ST  
DUNNELLON, FL

**New Principal Place of Business:**

11755 CEDAR ST  
DUNNELLON, FL 34431

**Current Mailing Address:**

PO BOX 3089  
DUNNELLON, FL 34430

**New Mailing Address:**

**FEI Number:** 41-2032001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RIVERA, GORGE  
13596 SE 53RD AVENUE  
SUMMERFIELD, FL 34491      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: RIVERA, GORGE  
Address: 12596 SE 53RD AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD      ( ) Delete  
Name: TORRES, MARIA M  
Address: 4724 SW CARNATION CT  
City-St-Zip: DUNNELLON, FL 34431

Title: TD      ( ) Delete  
Name: SANCHEZ, JOCELYN  
Address: 12551 SW 107TH ST  
City-St-Zip: DUNNELLON, FL 34432

Title: V      ( ) Delete  
Name: BETANCOURT, JOSE  
Address: 13798 115TH PLACE  
City-St-Zip: DUNNELLON, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: SANCHEZ, HAYDE  
Address: 5650 SW 64 ST ROAD  
City-St-Zip: OCALA, FL 34474

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: MARIA TORRES

SD

07/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date