

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010952

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** CHURCH OF GOD WORLD MISSIONS HISPANIC CARIBBEAN OFFICE, INC

**Current Principal Place of Business:**

17200 NW 17TH AVE.  
CUIDAD DE MIAMI GARDEN, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 260452  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 20-5686733      **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:**

RINCON, ANDRES E  
2203 SW 104TH AVE.  
MIRAMAR, FL 33025      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: RINCON, ANDRES E  
Address: P.O. BOX 260452  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: RAMOS, JOSE R  
Address: P.O. BOX 260452  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT      ( ) Delete  
Name: GUADALUPE, JORGE  
Address: P.O. BOX 260452  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP      ( ) Delete  
Name: VALDEZ, IDA N  
Address: P.O. BOX 260452  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: PEÑA, ANGEL A  
Address: P.O. BOX 260452  
City-St-Zip: PEMBROKE PINES, FL 33026

**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:

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: ANDRES RINCON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRE

06/30/2009

\_\_\_\_\_  
Date