

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001631

FILED
Apr 28, 2009
Secretary of State

Entity Name: IGLESIA CIUDAD DE REFUGIO Y ADORACION INC.

Current Principal Place of Business:

6609 N. THATCHER AVE.
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

6609 N. THATCHER AVE.
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 26-2071125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, DESIREE
6609 N. THATCHER AVE.
TAMPA, FL 33614 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: GONZALEZ, DESIREE
Address: 6609 N. THATCHER AVE.
City-St-Zip: TAMPA, FL 33614 US

Title: VP () Delete
Name: MINAYA, PAMELA
Address: 6826 EDEN LN.
City-St-Zip: TAMPA, FL 33634 US

Title: DIR () Delete
Name: VASQUEZ, MAGALIS L
Address: 7406 OVERBROOK DR.
City-St-Zip: TAMPA, FL 33634 US

Title: DIR () Delete
Name: URENA DE COLLADO, ELSA Y
Address: 6417 CRESTHILL DR.
City-St-Zip: TAMPA, FL 33615 US

Title: DIR () Delete
Name: CARO, VANESSA
Address: 6420 CASITAS CT. #209
City-St-Zip: TAMPA, FL 33634 US

Title: SECR (X) Delete
Name: HEUREAUX, BERKYS
Address: 6421 MORNAY DR.
City-St-Zip: TAMPA, FL 33615 US

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: SECR (X) Change () Addition
Name: HEUREAUX, BERKYS
Address: 6421 MORNAY DR.
City-St-Zip: TAMPA, FL 33615 US

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: DESIREE GONZALEZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date