

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31913

FILED
Mar 18, 2009
Secretary of State

Entity Name: EL REDENTOR PRESBYTERIAN CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6971 RED BUG LAKE RD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

6971 RED BUG LAKE RD.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-2235279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, TONITA
579 PORTLAND CIRCLE
APOPKA, FL 32703 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: D () Delete
Name: LOPEZ, WANDA
Address: 481 WELLESLEY ST
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: RIVERA, MARIBEL
Address: 433 TALQUIN CT
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: BONILLA, ELVIN
Address: 346 RIUNITE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: MOLDORADO, ALBERTO
Address: 752 RIVER BOAT CIR
City-St-Zip: ORLANDO, FL 32828

Title: PD () Delete
Name: RAMOS, ROBERTO
Address: 1471 CANAL CROSS CT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: GONZALEZ, FELIX
Address: 579 PORTLAND CIRCLE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVERA, MARIBEL
Address: 3840 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: SD (X) Change () Addition
Name: LOPEZ, WANDA
Address: 481 WELLESLEY ST
City-St-Zip: OVIEDO, FL 32765

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

Title: D (X) Change () Addition
Name: MORALES, EDWIN
Address: 878 CANEEL BAY TERRACE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: RAMOS, ROBERTO
Address: 1471 CANAL CROSS CT
City-St-Zip: OVIEDO, FL 32765

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: MARIBEL RIVERA

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date