## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33607

FILED Mar 13, 2009 Secretary of State

<b>Entity Na</b>				Secretary of State	
	me: IGLESIA (	CASA DE REFUGIO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HINGTON AVE EAD, FL 33030	US			
Current Mailing Address:		New Mailing Address:			
P.O. BOX HOMESTI	901384 EAD, FL 33090	US			
FEI Number	r: 65-0138396	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
	V. 304 TERR. CITY, FL 33033	3 US			
in the Stat	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida. RE:	submits this statement for the ic Signature of Registered Ag		ed office or registered agent, or both,  Date	
in the Stat SIGNATU	e of Florida. RE:	ic Signature of Registered Ag	ent	Date	
in the Stat SIGNATU	e of Florida.  RE: Electron S AND DIRECT	ic Signature of Registered Ag FORS: Delete IANUEL JO, SE TER	ent		
in the Stat SIGNATU  OFFICER Title: Name: Address:	Electron  S AND DIRECT  D ()  DOMINGUEZ, M 15815 SW 304  LEISURE CITY,	ic Signature of Registered Ag  FORS:  Delete IANUEL JO, SE  TER FL 33033  Delete EN H TH CT	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	
in the Stat SIGNATU  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	E of Florida.  RE:  Electron  S AND DIRECT  D ()  DOMINGUEZ, M 15815 SW 304  LEISURE CITY,  T ()  MATEO, CARME 25325 SW 126T  PRINCETON, FL	ic Signature of Registered Agrons:  Delete IANUEL JO, SE TER FL 33033  Delete EN H TH CT _ 33032  Delete MEN L TERRACE	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	

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: MANUEL DOMINGUEZ D 03/13/2009