

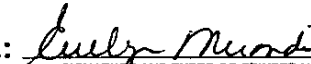


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 037 \*\*\*\*61.25

<b>DOCUMENT # N35617</b> 1. Entity Name <b>IGLESIA CRISTIANA RENUEVO INC.</b>					
Principal Place of Business <b>2982 MICHIGAN AVE. KISSIMMEE FL 34744</b>			Mailing Address <b>P.O. BOX 450113 KISSIMMEE FL 34745</b>		
2. Principal Place of Business <b>290 Competition Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 450113</b> Suite, Apt. #, etc.			
City & State <b>Kissimmee, FL.</b>		City & State <b>Kissimmee FL.</b>		4. FEI Number <b>59-2980721</b>	
Zip <b>34743</b>		Country <b>Osceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ORTIZ, PEDRO A 724 DEL RAY DRIVE KISSIMMEE FL 34758</b>		7. Name and Address of New Registered Agent Name <b>Jairo Garcia</b> Street Address (P.O. Box Number is Not Acceptable) <b>5 Spur Court</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34743</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3/01/05</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, PEDRO A 724 DEL RAY DRIVE KISSIMMEE FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, THERESA 724 DEL RAY DR KISSIMMEE FL 34758	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Sandra Garcia 5 Spur Court Kissimmee, FL 34743</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIRANDA, EVELYN 1503 LUND AVE, KISSIMMEE FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JAIRO 5 SPUR CT. KISSIMMEE FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President Jairo Garcia 5 Spur Ct Kissimmee, FL 34743</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY, CARRASQUILLA 1655 WINDSOR OAK CT. KISSIMMEE FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, JOSE A 14464 BAY ISLE DR. ORLANDO FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/01/05</b> Daytime Phone # <b>407 870 0083</b>		