

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004448

FILED
Apr 15, 2008
Secretary of State

Entity Name: IGLESIA MISIONERA CASA DE ORACION DE ORLANDO, INC.

Current Principal Place of Business:

3839 WINTER ROSE DRIVE
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 593804
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 59-3430229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, JOSEPH
2655 ARPANA COURT
ORLANDO, FL 32839 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: PD () Delete
Name: RIVERA, JOSEPH
Address: 2655 ARPANA CT
City-St-Zip: ORLANDO, FL 32839 US

Title: DV () Delete
Name: RIVERA, KATHERINE
Address: 2655 ARPANA CT
City-St-Zip: ORLANDO, FL 32839 US

Title: DS () Delete
Name: QUILES, MAYRA M
Address: 4520 RAYMAR DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: TR () Delete
Name: ESQUERDO, YZALIAH D
Address: 145 N LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: TR () Delete
Name: ESQUERDO, JOSE
Address: 145 N LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: TR () Delete
Name: PEREZ, ELVYN
Address: 2139 RIVERTREE CIRCLE #303
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH RIVERA

PD

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date