

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713885**

1. Entity Name  
**IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE  
LA CRUZ DE CRISTO, INC.**



Principal Place of Business  
**641 W FLAGLER ST  
MIAMI, FL 33130**

Mailing Address  
**641 W FLAGLER ST  
MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WINGFIELD, MAGDIEL  
655 SW 1ST STREET  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GARCIA, CECILIO
STREET ADDRESS	655 S.W. 1 ST.
CITY-ST-ZIP	MIAMI, FL 33120
TITLE	VD
NAME	MONDEJAR, JOEL
STREET ADDRESS	655 SW 1ST STREET
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	T
NAME	RODRIGUEZ, MIGUEL
STREET ADDRESS	628 NW 1ST STREET
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	S
NAME	QUEZADA, EVELYN
STREET ADDRESS	628 NW 1ST STREET
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	VT
NAME	MENDIONDO, OMAR
STREET ADDRESS	6415 NORTHWEST 201 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	VS
NAME	NOVOA, VERONIKA
STREET ADDRESS	655 S.W. 1 ST.
CITY-ST-ZIP	MIAMI, FL 33130

U000000812283  
02/12/08-80040-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/08 (305) 325-9653