

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006787

FILED
Feb 17, 2009
Secretary of State

Entity Name: IGLESIA BAUTISTA RESURRECCION INC.

Current Principal Place of Business:

969 W. EMBASSY DR.
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

969 W. EMBASSY DR.
DELTONA, FL 32725

New Mailing Address:

FEI Number: 26-0511699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANABRIA, EFRAIN
819 LAUREL LEAF ST
ORANGE CITY, FL 32763 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: P () Delete
Name: SANABRIA, EFRAIN
Address: 819 LAUREL LEAF ST
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD () Delete
Name: COLON, CARLOS
Address: 1079 W EMBASSY DR
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: QUINONES, ANA
Address: 3012 ETTA CIRCLE
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: SANCHEZ, JOSEFINA
Address: 2337 GREENBRIER ST
City-St-Zip: DELTONA, FL 32725

Title: ST () Delete
Name: SANABRIA, EFRAIN
Address: 819 LAUREL LEAF ST
City-St-Zip: ORANGE CITY, FL 32763

Title: ST () Delete
Name: OCASIO, NIRMA
Address: 969 W. EMBASSY DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: EFRAIN SANABRIA

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date