## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007497

Apr 15, 2009 Secretary of State

Entity Name: IGLESIA CRISTO MI REDENTOR INC.

**Current Principal Place of Business: New Principal Place of Business:** 1946 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406 **Current Mailing Address: New Mailing Address:** 1946 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406 FEI Number: 76-0715422 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, OSCAR 1946 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RODRIGUEZ, OSCAR A Name: Name: 6772 SILVER RIDGE LN Address: Address: GREENACRES, FL 33413 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition FRANCISCO, JULIO Name: Name: Address: 3831CORRIGAN CT Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TORUNO, GONZALO VICTOR, TZUL Name: Name: Address: 3027 COLLIN DR Address: 3027 COLLIN DR City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WEST PALM BEACH, FL 33406 Title: () Delete Title: () Change () Addition SIM, CARMEN Name: Name: Address: 3027 COLLIN DR Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: () Delete Title: () Change () Addition ALVARADO, MAURO Name: Name: 4467 CONSTANTINE CR Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: ( ) Delete Title: () Change () Addition RODRIGUEZ, FABIOLA G Name: Name: Address: 6772 SILVER RIDGE LN Address: GREENACRES, FL 33413 City-St-Zip: 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: OSCAR A. RODRIGUEZ D 04/15/2009