

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704312

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: IGLESIA BAUTISTA SARON, INC.

**Current Principal Place of Business:**

900 N.W. 30TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

900 N.W. 30TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 65-7080304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGINO, CHAVEZ  
900 N.W. 30TH STREET  
MIAMI, FL 33127 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: CHAVEZ, REGINO  
Address: 2950 NE 190 ST #216  
City-St-Zip: AVENTURA, FL 33180

Title: V ( ) Delete  
Name: RIVERA, MAURO  
Address: 810 NE 147TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: T ( ) Delete  
Name: PEREZ, JUAN  
Address: 2194 WEST 60 ST APT# 22105  
City-St-Zip: HIALEAH, FL 33016

Title: S ( ) Delete  
Name: RIVERA, AMERICA  
Address: 810 N.E. 147TH STREET  
City-St-Zip: NORTH MIAMI, FL

**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:

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: MAURO RIVERA

VP

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date