

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735917

FILED
Mar 02, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA OBREROS DE PAZ, INC.

Current Principal Place of Business:

501 WILMER AVE.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

501 WILMER AVE.
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-2225031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, EVELIO
18611 SR 44
EUSTIS, FL 32736 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: ST () Delete
Name: MOJICA, SAMUEL
Address: 2925 WHITE CEDAR CIR
City-St-Zip: KISSIMMEE, FL 34741

Title: P () Delete
Name: QUINTERO, ZOILA J
Address: 18611 SR44
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: GUERRERO, MANUEL
Address: 3345 KNIGHTSBRIDGE RD.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: GONZALEZ, CYTHIE
Address: 2122 SANDRIGE CIR.
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: QUINTERO, EVELIO III
Address: 918 VADERBILT DR.
City-St-Zip: EUSTIS, FL 32726

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:

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: SAMUEL MOJICA

ST

03/02/2009

Electronic Signature of Signing Officer or Director

Date