

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736122

FILED
Feb 13, 2008
Secretary of State

Entity Name: IGLESIA RESTAURACION CRISTIANA, INC.

Current Principal Place of Business:

2237 E. LINSEY ST
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

2237 E. LINSEY ST.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3147367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGUEL MAYSONET
1101 E. LAKE AVE
TAMPA, FL 33605 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: MAYSONET, MIGUEL,
Address: 1101 E. LAKE AVE
City-St-Zip: TAMPA, FL 33605

Title: TD () Delete
Name: ROJAS, EVELYN
Address: 2206 E. HARPER ST
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: PRATTS, DOMINGA
Address: 2015 E. STUART ST
City-St-Zip: TAMPA, FL 33605

Title: VD () Delete
Name: NIEVES, FELIX
Address: 9453 WINDERMERE LAKE FR. #101
City-St-Zip: TAMPA, FL 33569

Title: D () Delete
Name: BARADA, AIDA I
Address: 3414 DANNY BRYAN BLVD
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MARIN, LILLIAN M
Address: 14544 FALL CIRCLE
City-St-Zip: TAMPA,, FL 33613

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: EVELYN ROJAS

TD

02/13/2008

Electronic Signature of Signing Officer or Director

Date