

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736122

FILED  
Jan 13, 2009  
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:**

MIGUEL MAYSONET  
6409 OREN ST  
TAMPA, FL 33610 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

01/13/2009

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAYSONET, MIGUEL,  
Address: 6409 OREN ST  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: NIEVES, FELIX  
Address: 1909 E 28TH AVE UNIT B  
City-St-Zip: TAMPA, FL 33605

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: EVELYN ROJAS

Electronic Signature of Signing Officer or Director

SECT

01/13/2009

Date