


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90045 007 ****70.00

DOCUMENT # 739003
1. Entity Name
IGLESIA CRISTIANA REDENCION, INC.



Principal Place of Business Mailing Address
1732 N GOLDENROD RD P.O. BOX 574572
ORLANDO FL 32807 ORLANDO FL 32857-4572
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2925689 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CALDERON, CARMEN
9401 SPRINGVALLE DR
ORLANDO FL 32825

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDERON, CARMEN	
STREET ADDRESS	9401 SPRINGVALLE DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ ISAAC	
STREET ADDRESS	9309 PAVILLION DR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VIRELLA, JUAN	
STREET ADDRESS	1807 BLUE FOX CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Mirian Iglesias	
STREET ADDRESS	504 Dean Creek Lane	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ar. Cumer Calderon-Farisi*