

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90206 001 ****61.25
03-07-2006 90206 002 *****8.75

DOCUMENT # F94000005747

1. Entity Name
**CONCILIO DE IGLESIA DE CRISTO MISIONERA, M.I.,
INC.**



Principal Place of Business
**PO BOX 1809
RIO GRANDE
RIO GRANDE, PR 00745 US**

Mailing Address
**PO BOX 1809
RIO GRANDE
RIO GRANDE, PR 00745 US**

66003972



02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
66-0614329

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARABALLO, WILFREDO
207 ALABAMA AVENUE
ST. CLOUD, FL 34769**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POMALES, ALFREDO R
BOX 118
SAINT JUST, PR 00926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PERALES, BENEJAMIN
PO BOX 1793
CANOVANAS, PR 00729**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RODRIGUEZ, LUCIANO RV
RR7 BOX 7568
SAN JUAN, PR 009269117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RUBEN, DIAZ
RR7 BOX 7563
SANJUAN, PR 00926**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Rev Alfredo Pomaes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

Date

787.748-5861

Daytime Phone #