


**- 2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 66-0614329	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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01/23/08-80061-023 8.75

**DO NOT WRITE
IN THIS SPACE**

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01/23/08-80061-024 61.25

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: Alfredo Pomales 1-12-08 787 248-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #