

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90144 027 ****61.25

DOCUMENT # N00000001706	
1. Entity Name IGLESIA BAUTISTA EL REDENTOR DE LAKELAND, FLORIDA, INC.	

Principal Place of Business 906 SAVANNAH AVE LAKELAND, FL 33815	Mailing Address P.O. BOX 7783 LAKELAND, FL 33807-7783
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 91866
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Lakeland, FL
Zip	Country
Country	Zip 33804

40051174



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3647212	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, GABRIEL 315 LAKE MIRIAM DR. LAKELAND, FL 33813	7. Name and Address of New Registered Agent Name Manuel A. Torres Street Address (P.O. Box Number is Not Acceptable) 7869 Manor Drive City Lakeland FL Zip Code 33810
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, GABRIEL 315 LAKE MIRIAM DR. LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Torres, Manuel A 7869 Manor Drive Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, FRANCISCO R 2003 S. SUMMERVILLE DR. LAKELAND, FL 33815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rivera, Santos 2925 Timbercrest Place Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDOVAL, ENRIQUE 3102 SAMMONDS RD #36 PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vanderpool, Omayra 1311 Northglenn Lane Lakeland, FL 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, JAVIER 1876 STELLA CT. SOUTH LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Garcia, Francisco R 2003 Summerville Drive S. Lakeland, FL 33815 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Francisco R. Garcia 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #