

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

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

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04022007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N00000001706</b>				
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		
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	Zip	Country	
		33804		
4. FEI Number 59-3647212			Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>	
CRUZ, GABRIEL 315 LAKE MIRIAM DR. LAKELAND, FL 33813			Name <b>Manuel A. Torres</b>	
			Street Address (P.O. Box Number is Not Acceptable) <b>7869 Manor Drive</b>	
			City <b>Lakeland</b> FL Zip Code <b>33810</b>	
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 _____				
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
		Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, GABRIEL		NAME	Torres, Manuel A
STREET ADDRESS	315 LAKE MIRIAM DR.		STREET ADDRESS	7869 Manor Drive
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33810
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, FRANCISCO R		NAME	Rivera Santos
STREET ADDRESS	2003 S. SUMMERVILLE DR.		STREET ADDRESS	2925 Timbercrest Place
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP	Lakeland, FL 33810
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, ENRIQUE		NAME	Vanderpool, Omayra
STREET ADDRESS	3102 SAMMONDS RD #36		STREET ADDRESS	1311 Northglenn Lane
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JAVIER		NAME	Garcia, Francisco R
STREET ADDRESS	1876 STELLA CT. SOUTH		STREET ADDRESS	2003 Summerville Drive S.
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Lakeland, FL 33815
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <i>Francisco R. Garcia</i>			Date: 4/2/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #	