

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

**FILED  
Jan 11, 2006  
Secretary of State**

DOCUMENT# N00000001739

Entity Name: IGLESIA CRISTIANA RENUENO DE JUSTICIA, INC.

**Current Principal Place of Business:**

4506 DEL PRADO BLVD. SOUTH  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 150457  
CAPE CORAL, FL 33915

**New Mailing Address:**

FEI Number: 65-0983018      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALUE, JUVENCIO  
1763 FOUR MILE COVE PKWY  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GALUE, JUVENCIO  
Address: 1763 FOUR MILE COVE PKWY #622  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: VEGA, ABIGAIL  
Address: 1509 NE 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: TS ( ) Delete  
Name: GONZALEZ, ALWIN R  
Address: 2203 NE 1ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: MD ( ) Delete  
Name: GONZALEZ, LILLIAN M  
Address: 2203 NE 1ST TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: MD ( ) Delete  
Name: RODRIGUEZ, MARIA D  
Address: 5937 SANDBURG DR.  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP-S (X) Change ( ) Addition  
Name: VEGA, ABIGAIL  
Address: 1509 NE 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33909

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALWIN GONZALEZ

TS

01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date