2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001792

Entity Name: IGLESIA LUZ EN EL CAMINO, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business:

1670 N. CHICKASAW TRAIL
ORLANDO, FL 32825

Current Mailing Address:

8204 SUN VISTA WAY
ORLANDO, FL 32822

FEI Number: 59-3619353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RIVERA, JUAN 8204 SUN VISTA WAY ORLANDO, FL 32822 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete RIVERA, JUAN Name: Name: 8204 SUN VISTA WAY Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: RIVERA, YOLANDA Name: Address: 8204 SUN VISTA WAY Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition APONTE, MICHAEL Name: Name: 8130 GOLDEN CHICKASAW CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: () Delete (X) Change () Addition Title: TR Title: TR RODRIGUEZ, DELIA MIRANDA, RAMONA Name: Name: 4338 PERSHING POINT PLACE APT 1 10215 EASTMAR COMMONS APT. 816 Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition MEJIA, MARILYN R GONZALEZ, CARMEN M Name: Name: 4635 SPOTTSWOOD DRIVE 1155 VISTA PALMA WAY Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition SANTOS, BILL Name: Name: Address: Address: 4629 SPOTWOOD DR. ORLANDO, FL 32812 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL APONTE T 03/17/2008