2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001792

Entity Name: IGLESIA LUZ EN EL CAMINO, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1670 N. CHICKASAW TRAIL ORLANDO, FL 32825 **Current Mailing Address: New 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 SÚN 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: () Delete () Change () Addition 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: Title: TR () Delete Title: () Change () Addition Name: MIRANDA, RAMONA Name: 10215 EASTMAR COMMONS APT. 816 Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, CARMEN M Name: Name: 1155 VISTA PALMA WAY Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: (X) Change () Addition DIODONET, IVAN SANTOS, BILL Name: Name: Address: 4629 SPOTWOOD DR. Address: 3526 TIDERACE CT. ORLANDO, FL 32812 ORLANDO, FL 32822 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 04/29/2009