

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004349

FILED
Jun 14, 2006
Secretary of State

Entity Name: IGLESIA CRISTIANA EN WEST KENDALL, INC.

Current Principal Place of Business:

13275 SW 136 ST
UNIT #10
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13275 SW 136 ST.
UNIT # 10
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-1041328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLIFFEN, JOHN D
10904 SW 146TH AVE.
MIAMI, FL 33186 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: MD () Delete
Name: BLIFFEN, JOHN D
Address: 10904 SW 146TH AVE
City-St-Zip: MIAMI, FL 33186

Title: DP () Delete
Name: ROLAND, PAUL
Address: 5228 SW 152 CT.
City-St-Zip: MIAMI, FL 33185

Title: DP () Delete
Name: BENITEZ, RAMON
Address: 16440 SW 144 AVE.
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: CEBALLOS, WILLIAM
Address: 15865 SW 71 TR
City-St-Zip: MIAMI, FL 33193

Title: DP (X) Change () Addition
Name: CHAVEZ, VICTOR
Address: 14378 SW 49 LN
City-St-Zip: MIAMI, FL 33175

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: JOHN BLIFFEN

MD

06/14/2006

Electronic Signature of Signing Officer or Director

Date