

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004568

FILED
May 28, 2009
Secretary of State

Entity Name: IGLESIA ALIANZA CRISTIANA Y MISIONERA DE PEMBROKE PINES, INC.

Current Principal Place of Business:

21011 JOHNSON ST.
SUITE 131-132
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

21011 JOHNSON ST.
SUITE 131-132
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 59-3520909 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

TORRES, ANTOLINA
20531 NW 7TH STREET
PEMBROKE PINES, FL 33029 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:

Title: PD () Delete
Name: PEREZ, SAUL MR
Address: 16451 NW 82 PL.
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPD () Delete
Name: RODRIGUEZ, SANTIAGO MR.
Address: 18435 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: TORRES, ANTOLINA
Address: 20531 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: HURTADO, GERMAN MR
Address: 16734 SW 10 ST.
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ANTOLINA TORRES

TREA

05/28/2009

Electronic Signature of Signing Officer or Director

Date