

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N00000007842

Entity Name: IGLESIA BEULA ISAIAS 62:4, CORP.

Current Principal Place of Business:

E.CYPRESS STREET
13
WINTERGARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 783836
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3715084 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:

CRUZ, SARAI
221 TIMBERCREEK PINE CIRCLE
WINTER GARDEN, FL 34787 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: P () Delete
Name: CRUZ, PASTOR, CARLOS
Address: 221 TIMBERCREEK PINES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: BAEZ-CAMACHO, ANGEL
Address: 517 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: ALVARADO, JOSE
Address: 15178 W COLONIA DR
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: CRUZ, ALBERTO
Address: 331 WINDFORD CT
City-St-Zip: WINTER GARDEN, FL 34787

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: CARLOS M. CRUZ

MR

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date