

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001938

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA ENSEANZAS DE JESUS INC.

**Current Principal Place of Business:**

189 TOLUCA DR.  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 451114  
KISSIMMEE, FL 34745

**New Mailing Address:**

189 TOLUCA DR.  
KISSIMMEE, FL 34743

**FEI Number:** 59-3706626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATHEUS, JOSE  
2015 CLAUDIA LANE  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

MATHEUS, JOSE  
189 TOLUCA DR.  
KISSIMMEE, FL 34743 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:

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATHEUS, JOSE  
Address: 2015 CLAUDIA LANE  
City-St-Zip: KISSIMMEE, FL 34741

Title: SD ( ) Delete  
Name: URDANETA, CAROLINA  
Address: 3104 TADPOLE COURT  
City-St-Zip: KISSIMMEE, FL 34743

Title: TD ( ) Delete  
Name: LEON, HUMBERTO  
Address: 140 TIJUANA DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MATHEUS, JOSE  
Address: 189 TOLUCA DR.  
City-St-Zip: KISSIMMEE, FL 34743

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

Title: TD (X) Change ( ) Addition  
Name: LEON, MASSIEL  
Address: 3162 SANDY SHORE LN.  
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Change (X) Addition  
Name: VILLALOBOS, HILDA  
Address: 189 TOLUCA DR.  
City-St-Zip: KISSIMMEE, FL 34743

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: JOSE MATHEUS

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date