2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004049

FILED Sep 23, 2008 Secretary of State

Entity Name: IGLESIA CENTRO DE ALABANZA Y ADORACION OF SEMINOLE COUNTY INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
154 LARCHMONT DRIVE DELTONA, FL 32738				
Current Mailing Address:		New Maili	ng Address:	
P.O. BOX 1722 SANFORD, FL 32772				
FEI Number: 20-3064814 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:				
DE ALBA, JUAN C 154 LARCHMONT DRIVE DELTONA, FL 32738 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 OFFICERS AND DIRECTORS:		ADDITION	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () Delete DE ALBA, JUAN C 154 LARCHMONT DR DELTONA, FL 32738	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (X) Delete DE ALBA, ELIZABETH 154 LARCHMONT DR DELTONA, FL 32738	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () Delete SOLLA, ELIZABETH 371 HANDSOME PARKWAY SANFORD, FL 32773	Title: Name: Address: City-St-Zip:	T/S (X) Change () Addition SOLLA, ELIZABETH 371 HANDSOME PARKWAY SANFORD, FL 32773	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition HERNANDEZ-QUINONES, SAMUEL 154 LARCHMONT DR DELTONA, FL 32738	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition SOLLA, JULIO R 371 HANSOM PKWY SANFORD, FL 32773	

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: ELIZABETH SOLLA DS 09/23/2008