2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90211 003 ****70.00

DOCUMENT # N0100006042 1. Entity Name IGLESIA EVANGELICA LUTERANA CRISTO REY INC.						B	UU541	14	
Principal Place		Mailing Addre		•		7	100011	• •	
2509 DOWM, APOPKA, FL		P.O. BOX 10 PLYMOUTH,					As ·		
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2 Principal O	Name of Divisions	I & 44-70 4 /							
2. Principal Place of Business 300 E CHURCH ST		1	3. Mailing Address 300 E CHURCH ST			1		II MAISI WAINA MBIII WAIIN MIDID I	
Suite, Apt.		Suite, Apt.		ــــــــــــــــــــــــــــــــــــــ		04052006 C	hg-NP	CR2E037 (11/05)	
City & State	ρ	City & Stat	9			4. FEI Number			Applied For
ORLANDO, FL 32801			ORLANDO, FL 32801			59-360242	24		lot Applicable
Zip	Cc a try	Zip		Country		5. Certificate of S	itatus Desired	□ \$8.75 Ac	
3280	ORANGE 6. Name and Address of Current	32801 t Registered Agen	_ t	ORANGE		7. Name and Add	dress of New R	Fee Requir	ea
EALCON (Name	LEON				
	GILBERTO /MAN DRIVE			LEONOR ROSA-PFISTER Street Address (P.O. Box Number is Not Acceptable)					
APOPKA, FL 32712				1	4319	Rending	_Brancl	h_Ct	
				City			<u> </u>	17:0-	-1-
					ORLANDO FL Zip Code 32824				
8. The above the obligation	named entity submits this statement for tions of registered agent.	or the purpose of c	hanging its re	gistered office o	r registere	ed agent, or both, in	the State of Flo	orida. I am familiar with	i, and accept
•	• •			TEONOD	noc.	* DDT//MD			
SIGNATURE .	Signature, typed or printed name of registered agen			LEONUR Fegistered Agent signa		A-PFISTE	K .		
r									
r'		1	(14012)	segisterad Agent signa	care required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9 . E		eaign Financing		\$5.00 May Be Added to Fees	Flor	ake check payable ida Department of S	State
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. E T	lection Camp rust Fund Cor	eaign Financing ntribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Flor SES TO OFFICE	ake check payable ida Department of S	State N 10
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rineredy certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

<u>Leonor Rosa-Pfister</u>

407-826-0739 Daytime Phone #