

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90211 003 ****70.00

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04052006 Chg-NP CR2E037 (11/05)

DOCUMENT # N01000006042			
1. Entity Name IGLESIA EVANGELICA LUTERANA CRISTO REY INC.			
Principal Place of Business 2509 DOWMAN DRIVE APOPKA, FL 32712		Mailing Address P.O. BOX 1045 PLYMOUTH, FL 32768	
2. Principal Place of Business 300 E CHURCH ST		3. Mailing Address 300 E CHURCH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL 32801		City & State ORLANDO, FL 32801	
4. FEI Number 59-3602424		Applied For Not Applicable	
Zip 32801	Country ORANGE	Zip 32801	Country ORANGE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALCON, GILBERTO 2509 DOWMAN DRIVE APOPKA, FL 32712		7. Name and Address of New Registered Agent Name LEONOR ROSA-PFISTER Street Address (P.O. Box Number is Not Acceptable) 14319 Bending Branch Ct City ORLANDO FL Zip Code 32824	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		LEONOR ROSA-PFISTER	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, LINDA 4849 CYPRESS WOODS DR (1206 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Leonor Rosa-Pfister <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14319 Bending Branch Ct. Orlando, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOSA-PFISTER, LEONOR 14319 BENDING BRANCH CT ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Linda Rivera <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3806 Swallowtail Lane Kissimmee, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TORRES-GILARDI, AIDA 3666 NORTH CITRUS CIRCLE ZELLWOOD, FL 32798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALEZ, ADOLFO 2421 PENTON COURT DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM FALCON, GILBERTO REV. P.O. BOX 1045/2509 DOWMAN DR PLYMOUTH, FL 32768 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Leonor C. Rosa</i>		Leonor Rosa-Pfister 407-826-0739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	