


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 035 ****61.25

DOCUMENT # N01000006042 1. Entity Name IGLESIA EVANGELICA LUTERANA CRISTO REY INC.			
Principal Place of Business 300 E CHURCH ST ORLANDO FL 32801		Mailing Address 300 E CHURCH ST ORLANDO FL 32801	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P O Box 590464 Suite, Apt. #, etc.	
City & State ORLANDO, FL		4. FEI Number 59-3602424	
Zip 32859		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 14319 BENDING BRANCH CT ORLANDO FL 32824		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 <u>Leonor C. Rosa</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 LEONOR-ROSA, PFISTER 14319 BENDING BRANCH CT ORLANDO FL 32824 <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	DV RIVERA, LINDA 3806 SWALLOWTAIL LN KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SANTIAGO, IRENE 501 MAGPIE LANE KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DS CABRERA, LILLIAM 202 LA PAZ DRIVE KISSIMMEE, FL 34743 <input checked="" 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	<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	<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 Section 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: Leonor C. Rosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR