


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90019 015 \*\*\*\*61.25

<b>DOCUMENT # N01000006042</b>			
1. Entity Name IGLESIA EVANGELICA LUTERANA CRISTO REY INC.			
Principal Place of Business 300 E CHURCH ST ORLANDO, FL 32801		Mailing Address PO BOX 590464 ORLANDO, FL 32859	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01072008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3602424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSA-PFISTER, LEONOR 14319 BENDING BRANCH CT ORLANDO, FL 32824		* Name <u>José Vazquez</u> Street Address (P.O. Box Number is Not Acceptable) <u>2530 Wood Edge Cr.</u> <u>Edge</u> City <u>Orlando</u> FL Zip Code <u>32817</u>	
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>José Vazquez</u>		SIGNATURE <u>José Vazquez, President</u> DATE <u>01-13-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	José Vazquez 2530 Wood Edge Cr Orlando, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANTIAGO, IRENE 501 MAGPIE LANE KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aida Torres-Gilardi 3666 N. Citrus Cr. Zellwood, FL 32798 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CABRERA, LILLIAM 202 LA PAZ DRIVE KISSIMMEE, FL 34743 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carlos E. Rivera 365 Rosselli Blvd Davenport, FL 33896 <input type="checkbox"/> Change <input checked="" 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 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: <u>José Vazquez</u>		SIGNATURE <u>José Vazquez, President</u> DATE <u>01-13-08</u> DAYTIME PHONE # <u>(407) 303-7185</u>	