## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006042

FILED Jan 17, 2009 Secretary of State

Entity Name: IGLESIA EVANGELICA LUTERANA CRISTO REY INC.

Current Principal Place of Business: New Principal Place of Business:

300 E CHURCH ST ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

PO BOX 590464 ORLANDO, FL 32859

FEI Number: 59-3602424 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VAZQUEZ, JOSE'Y
2530 WOOD EDGE CR
ORLANDO, FL 32817 US
GONZALEZ, NORMA
2421 PENTON CT
DELTONA, FL 32725 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: NORMA GONZALEZ 01/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: VAZQUEZ, JOSE' DP (X) Change ( ) Addition Name: GONZALEZ, NORMA

 Name:
 VAZQ0E2, 303E
 Name:
 GONDALEZ, NORMA

 Address:
 2530 WOOD EDGE CIR
 Address:
 2421 PENTON CT

 City-St-Zip:
 ORLANDO, FL 32817
 City-St-Zip:
 DELTONA, FL 32725

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 TORRES-GILARDI, AIDA
 Name:
 SANTIAGO, IRENE

 Address:
 3666 N CITRUS CIR
 Address:
 501 MAGPIE LN

 City-St-Zip:
 ZELLWOOD, FL 32798
 City-St-Zip:
 KISSIMMEE, FL 34759

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 CABRERA, LÍLLIAM
 Name:
 SOTO, LYMÁRÍ

 Address:
 202 LA PAZ DRIVE
 Address:
 2530 WOODS EDGE CR

 City-St-Zip:
 KISSIMMEE, FL 34743
 City-St-Zip:
 ORLANDO, FL 32817

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RIVERA, CARLOS E
 Name:

 Address:
 365 ROSSELLI BLVD
 Address:

 City-St-Zip:
 DAVENPORT, FL 33896
 City-St-Zip:

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: NORMA GONZALEZ DP 01/17/2009

Electronic Signature of Signing Officer or Director

Date