


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 006 ****61.25

DOCUMENT # N01000007520	
1. Entity Name LAKE MARY - IGLESIA DEFENSORES DE LA FE CRISTIANA, INC.	

Principal Place of Business 109 SHERYL DR DELTONA FL 32738	Mailing Address 109 SHERYL DR DELTONA FL 32738
--	--



2. Principal Place of Business - No P.O. Box # 2620 Doyle Road	3. Mailing Address 2620 Doyle Road
Suite, Apt. #, etc. -	Suite, Apt. #, etc. -

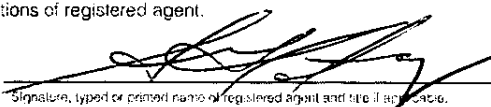
1st MOOF.: CR2E037 (10/07)

City & State Deltona Florida	City & State Deltona Florida
Zip 32738	Zip 32738
Country USA	Country USA

4. FEI Number 59-3757087	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 GUZMAS, LUIS 3563 MONUMENT DR DELTONA FL 32738
--

7. Name and Address of New Registered Agent Name Samuel Gutierrez Street Address (P.O. Box Number is Not Acceptable) 2410 Florida Ave City Orlando FL Zip Code 32765
--

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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3/18/8

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEL VALLE, ESTHER 2097 ATMORE CIRCLE DELTONA FL 32725 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GUZMAN, LUIS 3563 MONUMENT DR DELTONA FL 32738 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AYALA, NORMA 223 PALM PLACE SANFORD FL 32773 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GALARZA, MARISOL 2821 FISON CIRCLE DELTONA FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Samuel Gutierrez <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2410 Florida Ave Orlando FL 32765 DV
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Victor Rosendo 1055 Sullivan St. Deltona FL 32725 C
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/31/08	DAYTIME PHONE #: 407-376-2469
--	----------------------	--------------------------------------