## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000009037

FILED Aug 26, 2009 Secretary of State

Entity Name: IGLESIA HISPANA EL CAMINO LA VERDAD Y LA VIDA, INC.

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

5619 NEW CAMBRIDGE ROAD ORLANDO, FL 32810

**Current Mailing Address: New Mailing Address:** 

5619 NEW CAMBRIDGE ROAD ORLANDO, FL 32810

FEI Number: 60-0001112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RIVERA, CARLOS RENTAS, WENDER J 5619 NEW CAMBRIDGE ROAD 3034 ANASTASIA CT ORLANDO, FL 32810 APOPKA, FL 32703 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: WENDER RENTAS 08/26/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

RIVERA, CARLOS RENTAS, WENDER J Name: Name: Address: 5619 NEW CAMBRIDGE ROAD Address: 3034 ANASTASIA CT City-St-Zip: ORLANDO, FL 32810 City-St-Zip: APOPKA, FL 32703

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

Name: ROBIES, ALMA Name: BURGOS, MARITZA I Address: 5619 NEW CAMBRIDGE ROAD Address: 3034 ANASTASIA CT City-St-Zip: ORLANDO, FL 32810 City-St-Zip: APOPKA, FL 32703

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

KRENZLER, REYNALDO Name: TORRES, CARLOS E Name: 1189 SHEELER HILLS DR. 191 CALDWELL ST Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32712

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

QUINONES, ISABEL Name: Name: 1189 SHEELER HILLS DR. Address: Address: City-St-Zip: APOPKA, FL 32703 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: WENDER RENTAS D 08/26/2009