

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000812

FILED
Mar 10, 2009
Secretary of State

Entity Name: IGLESIA & MINISTERIOS CRISTIANOS LOGOS, INC.

Current Principal Place of Business:

3044 MICHIGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 452915
KISSIMMEE, FL 347452915

New Mailing Address:

FEI Number: 41-2026619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, NORBERTO I
3819 SWALLOW TAIL LN
KISSIMMEE
FLORIDA, FL 34741 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FONSECA, NORBERTO I PASTOR
Address: 3819 SWALLOW TAIL LN
City-St-Zip: KISSIMMEE, FL 34744 US

Title: DT () Delete
Name: RIVERA, NORBERTO
Address: 458 RONA LN
City-St-Zip: DAVENPORT, FL 33897 US

Title: DS () Delete
Name: CRUZ, NORMA I
Address: 10450 LAXTON ST
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BERNABE, JAVIER
Address: 3201 AMBERLEY PARK CIR.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: DT (X) Change () Addition
Name: RAMOS, REYNALDO
Address: 12209 BOHANNON BLVD
City-St-Zip: ORLANDO, FL 32824 US

Title: DS (X) Change () Addition
Name: FONSECA, NORBERTO I
Address: 3819 SWALLOW TAIL LN
City-St-Zip: KISSIMMEE, FL 34741 US

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: NORBERTO FONSECA

DS

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date