

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001206

FILED
Jan 27, 2009
Secretary of State

Entity Name: IGLESIA PENTECOSTAL REFUGIO DE SALVACION, INC.

Current Principal Place of Business:

2240 HIGHWAY 484
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

2645 SW 148TH LANE
OCALA, FL 34473

New Mailing Address:

2645 SW 148TH LN
OCALA, FL 34473

FEI Number: 06-1730148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IMFELD, ANTONIO D
4792 SW 143 R LOOP
OCALA, FL 34473 US

Name and Address of New Registered Agent:

IMFELD, ANTONIO D
15275 SW 47TH TER.
OCALA, FL 34473 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:

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: IMFELD, CLARIBEL
Address: 4792 SW 143 R LOOP
City-St-Zip: Ocala, FL 34473

Title: D () Delete
Name: ALVAREZ, MARIO H
Address: 439 MARION OAKS COURSE
City-St-Zip: Ocala, FL 34473

Title: C () Delete
Name: ALVAREZ, MARIA M
Address: 439 MARION OAKS COURSE
City-St-Zip: Ocala, FL 34473

Title: C () Delete
Name: FIGUEROA, RAMON L
Address: 2645 SW 148TH LN
City-St-Zip: Ocala, FL 34473

Title: DT (X) Delete
Name: FIGUEROA, IRIS F
Address: 2645 SW 148TH LN
City-St-Zip: Ocala, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: IMFELD, CLARIBEL
Address: 15275 SW 47TH TER.
City-St-Zip: Ocala, FL 34473

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: FIGUEROA, IRIS F
Address: 2645 SW 148TH LN
City-St-Zip: Ocala, FL 34473

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CLARIBEL IMFELD

D/S

01/27/2009

Electronic Signature of Signing Officer or Director

Date