2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007147

Apr 03, 2009
Secretary of State

Entity Name: IGLESIA CENTRO CRISTIANO MAHANAIM, INC

Current Principal Place of Business: New Principal Place of Business: 521 JOG RD WEST PALM BEACH, FL 33415 **Current Mailing Address: New Mailing Address: 521 JOG RD** WEST PALM BEACH, FL 33415 FEI Number: 51-0427820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALDONADO, WINSTON R 6565 SPRINGMEADOW DR US GREENACRES, FL 33413 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MALDONADO, WINSTON R Name: Name: 6565 SPRINGMEADOW DR Address: Address: City-St-Zip: GREENACRES, FL 33413 City-St-Zip: Title: Title: (X) Change () Addition () Delete LOPEZ, EDUARDO Name: OSORIO, VICTOR Name: Address: 1019 CORALLITA COURT Address: 4388 EDWARD RD City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33406 Title: () Delete Title: () Change () Addition GARCIA, REYNA Name: Name: 6194 WAVCONDA WAY WEST Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition VAZQUEZ, MIGUEL A Name: Name: HERNANDEZ, DALIDA 3838 VICTORIA DR Address: Address: 1019 CORALLITA CT City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: (X) Change () Addition HERNANDEZ, DALIDA PEREZ, SERGIO Name: Name: 1019 CORALLITA CT 3765 B RD Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: LOXAHATCHEE, FL 33470 Title: (X) Delete Title: () Change () Addition PEREZ, SERGIO Name: Name: Address: 3765 B RD Address: LOXAHATCHEE, FL 33470 City-St-Zip: 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: WINSTON MALDONADO D 04/03/2009