

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90184 036 ****70.00

DOCUMENT # N02000007497 1. Entity Name IGLESIA CRISTO MI REDENTOR INC.					
Principal Place of Business 1946 S CONGRESS AVE WEST PALM BEACH, FL 33406			Mailing Address 1946 S CONGRESS AVE WEST PALM BEACH, FL 33406		
2. Principal Place of Business - No P.O. Box # 1946 South Congress Av. Suite, Apt. #, etc.			3. Mailing Address Same Suite, Apt. #, etc.		
City & State WPG, FL.			City & State		
Zip 33406		Country Palm Beach		Zip 33406	
Country Palm Beach		Zip 33406		Country Palm Beach	
4. FEI Number 76-0715422				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 RODRIGUEZ, OSCAR 1946 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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: <u><i>O. Rodriguez</i></u> 04-11-2007 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, OSCAR A 3027 COLLIN DR WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete (Address changed)		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6772 Silver Ridge Ln. (new Address) Greenacres, FL 33413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, JULIO 3831 CORRIGAN CT LAKE WORTH, FL 33461 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORUNO, GONZALO 3027 COLLIN DR WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIM, CARMEN 3027 COLLIN DR WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, MAURO 4467 CONSTANTINE CR GREENACRES, FL 33463 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FABIOLA G 3027 COLLIN DR WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete Address changed		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6772 Silver Ridge Ln. (Address only) Greenacres, FL 33413	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>O. Rodriguez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-11-2007 <small>Date Daytime Phone #</small>		