

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001198

FILED
Jan 26, 2009
Secretary of State

Entity Name: MOVIMIENTO EVANGELICO EL TABOR, INC.

Current Principal Place of Business:

5651 N.E. 140TH COURT
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1826
BRONSON, FL 32621

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYES, ISRAEL REV
8347 S.W. 105TH PL
OCALA, FL 34481 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: PD () Delete
Name: REYES, ISRAEL REV
Address: 8347 S.W. 105TH PL
City-St-Zip: OCALA, FL 34481

Title: VPD () Delete
Name: CHRISTIAN, ANGEL L
Address: 4590 SW IRIS CT
City-St-Zip: DUNNELLON, FL 34431

Title: SD () Delete
Name: REYES, ROSAURA
Address: 8347 S.W. 105TH PL
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: REV. ISRAEL REYES

P

01/26/2009

Electronic Signature of Signing Officer or Director

Date