


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # N03000001936
 1. Entity Name
 IGLESIA DE CRISTO BELEN INC.



Principal Place of Business
 2126 ALAMO AVE
 WAUCHULA, FL 33873

Mailing Address
 PO BOX 842
 BOWLING GREEN, FL 33834

DO NOT WRITE IN THIS SPACE



02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 56-2324620

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, LEONARDO
 1862 SMITH RD
 WAUCHULA, FL 33873

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable (DATE)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORAN, LEONARDO
STREET ADDRESS	2270 GRIFFIN RD.
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	SEC
NAME	MORAN, LINDA
STREET ADDRESS	2270 GRIFFIN RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	CP
NAME	REYES, MIGUEL
STREET ADDRESS	802 N CLEVELAND
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	S
NAME	LOPEZ, LUIS
STREET ADDRESS	1910 STANFIELD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/07-80005-015 61.25

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: Leonardo Moran S. **2-3-07** **863-781-1894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #