2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005711

FILED Feb 06, 2009 Secretary of State

Entity Name: IGLESIA RIO MIAMI/MIAMI RIVER CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

820 NW 15 AVE 820 NW 15 AVE

MIAMI, FL 33125 US

Current Mailing Address: New Mailing Address:

820 NW 15 AVE 820 NW 15 AVE

MIAMI, FL 33125 MIAMI, FL 33125 US

FEI Number: 77-0604072 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:

LAUE, HANS

820 NW 15 AVE

MIAMI, FL 33125

US

LOPEZ, JOSUE

820 NW 15 AVE

MIAMI, FL 33125

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: JOSUE LOPEZ 02/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 LOPEZ, JOSUE
 Name:
 LOPEZ, JOSUE

 Address:
 820 NW 15 AVE
 Address:
 820 NW 15 AVE

 City-St-Zip:
 MIAMI, FL 33125
 City-St-Zip:
 MIAMI, FL 33125 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 KELSO, BRIAN
 Name:
 CARRION, BRUNO

 Address:
 18274 NW 21 ST
 Address:
 820 NW 15 AVE

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 MIAMI, FL 33125

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 LAUE, HANS
 Name:
 LOPEZ, JOSUE

 Address:
 1518 NW 183 TER
 Address:
 2341 NW 15 ST

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 MIAMI, FL 33125

Title: D (X) Delete Title: () Change () Addition

 Name:
 SAENZ, HEMANDO
 Name:

 Address:
 623 WOODGATE CIRCLE
 Address:

 City-St-Zip:
 SUNRISE, FL 33326
 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: JOSUE LOPEZ D 02/06/2009