2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004893

Entity Name: IGLESIA DE DIOS TORRE DE REFUGIO, INC.

FILED May 01, 2009 Secretary of State

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Current Pr	incipal Place	e of Business:	New Princ	New Principal Place of Business:		
6923 NARCOOSSEE RD. 617 &618 ORLANDO, FL 32822 55			2500 CURRY FORD RD. 9 & 10 ORLANDO, FL 32806			
Current Mailing Address:			New Maili	New Mailing Address:		
1244 SANDERLIN AVENUE ORLANDO, FL 32822			1507 JESSAMINE AVE. ORLANDO, FL 32806			
FEI Number: 01-0814010 FEI Number Applied For () FEI Num In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to				nber Not Applicable () Certificate of Status Desired () the prior notice.		
Name and	Address of (Current Registered Agent:	Name and	Address of N	ew Registered Agent:	
	, MELISSA DERLIN AVEN , FL 32822	IUE US		, MELISSA AMINE AVE. , FL 32806	US	
The above in the State		submits this statement for the purpose	of changing i	ts registered of	fice or registered agent, or both,	
SIGNATURE:					05/01/2009	
	Electro	nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (SANCHEZ, ME 1244 SANDER ORLANDO, FL	LIN AVENUE	Title: Name: Address: City-St-Zip:	P (X) SANCHEZ, MEL 1507 JESSAMIN ORLANDO, FL	IE AVE.	
Title: Name: Address: City-St-Zip:	V (SANCHEZ, HE 1244 SANDER ORLANDO, FL	LIN AVENUE	Title: Name: Address: City-St-Zip:	V (X) SANCHEZ, HEC 1507 JESSAMIN ORLANDO, FL	IE AVE.	
Title: Name: Address: City-St-Zip:	IRIZARRY, JU	RITAGE CIRCLE APT. 816	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () PARIS, LEYDA 5027 COMMANI ORLANDO, FL		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	O () JUANCARLOS, 5935 PINTO LAI ORLANDO, FL	NE	

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: MELISSA SANCHEZ P 05/01/2009