

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011799

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA CONFRATERNIDAD DE BROWARD INC.

**Current Principal Place of Business:**

8916 NW 26 CT  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8916 NW 26 CT  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-2078652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HISPANUSA INC.  
1919 NORTH STATE ROAD 7  
202  
MARGATE, FL 33063 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: DPL ( ) Delete  
Name: CANAS, LEONEL  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: MARTINEZ, FRANCISCO  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: GONZALEZ, ANCIZAR  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: VELASQUEZ, OSCAR  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: ALVAREZ, ROCIO  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete  
Name: OCAMPO, MARCELA  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: GONZALEZ, JOSE ANCIZAR  
Address: 8916 NW 26 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

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: LEONEL CANAS

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date