

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001010

FILED
May 23, 2008
Secretary of State

Entity Name: EL TABERNACULO CRISTIANO INC.

Current Principal Place of Business:

939 SW. 7TH. COURT
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1622 DURDEN PARKWAY
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 76-0778706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RODRIGUEZ, DANIEL
1622 DURDEN PARKWAY
CAPE CORAL, FL 33909 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, DANIEL SR.
Address: 1622 DURDEN PARKWAY
City-St-Zip: CAPE CORAL, FL 33909

Title: VP () Delete
Name: CARIDE, JESUS JR.
Address: 1405 SW 12 TERR.
City-St-Zip: CAPE CORAL, FL 33991

Title: TREA () Delete
Name: CARIDE, JOYCE M
Address: 1405 SW 12 TERR
City-St-Zip: CAPE CORAL, FL 33991

Title: SEC. () Delete
Name: RODRIGUEZ, MIGDALIA
Address: 1622 DURDEN PARKWAY
City-St-Zip: CAPE CORAL, FL 33909

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:

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: JOYCE M. CARIDE

TREA

05/23/2008

Electronic Signature of Signing Officer or Director

Date