

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003300

FILED  
Jun 09, 2008  
Secretary of State

Entity Name: IGLESIA CRISTIANA RENACER INC.

**Current Principal Place of Business:**

3045 MALLORD DRIVE  
DELTONA, FL 32738

**New Principal Place of Business:**

**Current Mailing Address:**

3045 MALLORD DRIVE  
DELTONA, FL 32738

**New Mailing Address:**

FEI Number: 06-4626241      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:**

QUINONES, JEANETTE  
1592 FT. SMITH BLVD.  
DELTONA, FL 32725      US

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

OSORIO, RAFAEL  
590 GERALDINE DRIVE  
DELTONA, FL 32725      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: RO

06/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: OSORIO, RAFAEL  
Address: 590 GERALDINE DR  
City-St-Zip: DELTONA, FL 32725

Title: DV      ( ) Delete  
Name: LANTIGUA, REYNALDO  
Address: 1483 RENTON DR.  
City-St-Zip: DELTONA, FL 32725

Title: DS      ( ) Delete  
Name: QUINONES, JEANETTE  
Address: PO BOX 8681  
City-St-Zip: DEBARY, FL 32718

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: DV      (X) Change ( ) Addition  
Name: LOSADA, MARGARITA  
Address: 918 CRAWFORD ST.  
City-St-Zip: DELTONA, FL 32725

Title: DS      (X) Change ( ) Addition  
Name: LANTIGUA, MIGDALIA  
Address: 1483 RENTON DR.  
City-St-Zip: DELTONA, FL 32725

Title: MRS.      ( ) Change (X) Addition  
Name: ROQUE, HAYDEE  
Address: 590 GERALDINE DR.  
City-St-Zip: DELTONA, FL 32725

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: RAFAEL OSORIO

MRS.

06/09/2008

Electronic Signature of Signing Officer or Director

Date