

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003300

FILED  
Apr 06, 2009  
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 ( )

## Name and Address of Current Registered Agent:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition  
Name: ROMAN, OCTAVIO  
Address: 1592 FT. SMITH  
City-St-Zip: DELTONA, FL 32725

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: JEANETTE QUINONES

MRS

04/06/2009

Electronic Signature of Signing Officer or Director

Date