2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000004718

1. Entity Name
IGLESIA RENACER, ASAMBLEA DE IGLESIAS
CRISTIANAS, INC.

Principal Place of Business	Mailing Address
2213 COUNTRY CLUB BLVD CAPE CORAL, FL 33990	2213 COUNTRY CLUB BLVD CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

01182007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, EFRAIN
2217 NE 5TH ST
CAPE CORAL, FL 33909

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _Efrain Torres / President_   2-24-07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, EFRAIN SR
STREET ADDRESS	2217 NE 5TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	V
NAME	TORRES, EFRAIN JR
STREET ADDRESS	2245 NW 5TH TERR
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	T
NAME	RIVERA, JANET
STREET ADDRESS	122 N.E. 6TH PL
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	S
NAME	TORRES, DORESMI
STREET ADDRESS	2217 NE 5TH ST
CITY-ST-ZIP	CAPE CORAL, FL 33909

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000649484
03/07/07-80051-005 70.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Efrain Torres / Efrain Torres / President._   2-24-07   (239) 242-0054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #