

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005889

FILED
Apr 02, 2007
Secretary of State

Entity Name: IGLESIA DE ADORACION CRISTO REINA CORPORATION

Current Principal Place of Business:

11925 STURBRIDGE LANE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11925 STURBRIDGE LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-3098537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIANI, KATI L
11925 STURBRIDGE LANE
WELLINGTON, FL 33414 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: P () Delete
Name: CASSIANI, KATI L
Address: 11925 STURBRIDGE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: PEREZ, MARIA
Address: 1185 S.W. 123 AVENUE, BLDG 44, #1185
City-St-Zip: PEMBROKE PINES, FL 33025

Title: T,S () Delete
Name: PARMA, JANET
Address: 4000 N. CYPRESS DR, #203
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: JOHNSON, LUISA
Address: 9198 HECTOR AVENUE
City-St-Zip: SAN DIEGO, CA 92123

Title: D () Delete
Name: ANDERSON, JACQUELINE
Address: 2003 BAYVIEW HEIGHTS DR, #286
City-St-Zip: SAN DIEGO, CA 92105

Title: D () Delete
Name: CASSIANI, KATI L
Address: 11925 STURBRIDGE LANE
City-St-Zip: WELLINGTON, FL 33414

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:

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 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: KATI CASSIANI

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date