

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90016 027 \*\*\*\*70.00

**DOCUMENT # N05000007157**

1. Entity Name  
**IGLESIA MISIONERA CASA DE REFUGIO INC.**



Principal Place of Business  
**1140 W MAIN STREET  
LAKELAND, FL 33815**

Mailing Address  
**1140 W MAIN STREET  
LAKELAND, FL 33815**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number

**20-3274659**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEGAL ZOOM NEVADA, INC.  
44 W FLAGLER STREET SUITE 675  
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBLES, LYDIA	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBLES, AARON	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, FERNANDO	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENITEZ, ALEXANDRA	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELENDEZ, CELESTINA	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVENS, DAMARIS	
STREET ADDRESS	1140 W MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Lydia Robles*

*Lydia Robles, Director*

*3/23/06*

*(863) 602-9805*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #