2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N05000007157

Entity Name: IGLESIA MISIONERA CASA DE REFUGIO INC.

Current Principal Place of Business:

715 CORNELIA AVE.
LAKELAND, FL 33815

New Principal Place of Business:

7910 US HWY 98N
LAKELAND, FL 33810

Current Mailing Address:

715 CORNELIA AVE.
LAKELAND, FL 33815

New Mailing Address:

412 FOREST GLEN AVE.
LAKELAND, FL 33813

FEI Number: 20-3274659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: ROBLES, LYDIA P
Address: 412 FOREST GLEN AVE.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: ROBLES, AARON D
Address: 412 FOREST GLEN AVE.
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: RODRIGUEZ, SAMUEL D
Address: 1500 W. HIGHLAND ST. LOT. 152
City-St-Zip: LAKELAND, FL 33815

Title: T ( ) Delete
Name: RAMOS, JOSELYN T
Address: 412 FOREST GLEN AVE.
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: NEGRON, HOPE S
Address: 913 NORTH RUTH AVE.
City-St-Zip: LAKELAND, FL 33815

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:

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: LYDIA ROBLES DIR 04/30/2009

Electronic Signature of Signing Officer or Director — Date