

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008925

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** IGLESIA DE DIOS CIUDAD DE REFUGIO, INC.

**Current Principal Place of Business:**

23 E LANCASTER DR  
ORLANDO, FL 32809

**New Principal Place of Business:**

23 E LANCASTER DR  
ORLANDO, FL 328096624

**Current Mailing Address:**

P.O. BOX 592660  
ORLANDO, FL 32808

**New Mailing Address:**

P.O. BOX 592660  
ORLANDO, FL 328592660

**FEI Number:** 59-3813130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRERO, MARCOS A REV.  
14950 LAKE AZURE DR.  
ORLANDO, FL 32824 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  
Name: MARRERO, MARCOS A  
Address: 14950 LAKE AZURE DR.  
City-St-Zip: ORLANDO, FL 32824

Title: D  
Name: LUIS, WALDEN E  
Address: PO BOX 592660  
City-St-Zip: ORLANDO, FL 328592660

Title: T  
Name: RIVERA, JANICE  
Address: 14950 LAKE AZURE DR  
City-St-Zip: ORLANDO, FL 32824

Title: D  
Name: ESCOBAR, MINERVA  
Address: 11906 PETHRICK DR.  
City-St-Zip: ORLANDO, FL 32824

Title: D  
Name: ROMERO, ISAIAS A  
Address: PO BOX 592660  
City-St-Zip: ORLANDO, FL 328592660

I hereby 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 all other like empowered.

SIGNATURE: MARCOS A MARRERO

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date