

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009011

FILED
Jul 21, 2009
Secretary of State

Entity Name: IGLESIA EL CAMINO DEL SENOR, INC.

Current Principal Place of Business:

5495 PARK BLVD NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5995 PARK BLVD NORTH
PINELLAS PARK, FL 33781

New Mailing Address:

5495 PARK BLVD NORTH
PINELLAS PARK, FL 33781

FEI Number: 20-3413520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ESCRUCERIA, LUIS D
5495 PARK BLVD NORTH
PINELLAS PARK, FL 33781 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: PD () Delete
Name: ESCRUCERIA, LUIS D
Address: 6408-109TH AVE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: RIVERA, ANGEL
Address: 6481 - 66TH AVENUE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: RIVERA, EDVIGIS
Address: 6371 - 71SY STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RIVERA, EDVIGIS
Address: 6371 - 71SY STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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: LUID D ESCRUCERIA

Electronic Signature of Signing Officer or Director

REV.

07/21/2009

Date