2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012339

Entity Name: IGLESIAS DE CRISTO CORP

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12102 N NEBRASKA AVE 15901 W. LAKE BURRELL DRIVE

TAMPA, FL 33612 LUTZ, FL 33549 US

Current Mailing Address: New Mailing Address:

12102 N NEBRASKA AVE 8407 N. MULBERRY STREET TAMPA, FL 33612 TAMPA, FL 33604 US

FEI Number: 27-0135516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CADENAS, MARGARITA 8407 N MULBERRY ST TAMPA, FL 33604

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CADENAS, MARGARITA CADENAS, MARGARITA Name: Name: 8407 N MULBERRY ST Address: 8407 N MULBERRY ST Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: TAMPA, FL 33604 US

Title: () Delete Title: (X) Change () Addition BETANZOS, ZAIDA Name:

Name: BETANZOS, ZAIDA Address: 2035 PINE CHASE CT Address: 2035 PINE CHASE CT City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614 US

Title: () Delete Title: (X) Change () Addition HOMOBONO, SUSANA HOMOBONO, SUSANA Name:

Name: 5040 TERRACE VILLAGE Address: Address: 5040 TERRACE VILLAGE City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 US

Title: () Delete Title: (X) Change () Addition

Name: DELGADO, PABLO Name: DELGADO, PABLO 1220 139TH AVE 4213 RICHMERE RD. Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33617 US

Title: OFFL () Delete Title: (X) Change () Addition

DELGADO, MARIA DELGADO, MARIA Name: Name: 1220 139TH AVE 4213 RICHMERE RD. Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33617 US

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: MARGARITA CADENAS DIRE 04/05/2006