## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012339

Entity Name: IGLESIAS DE CRISTO CORP

FILED Aug 30, 2007 Secretary of State

15901 W. LAKE BURRELL DRIVE 206 W. 131 STREET LUTZ, FL 33549 US TAMPA, FL 33612 US

Current Mailing Address: New Mailing Address:

8407 N. MULBERRY STREET 17416 DARBY LN TAMPA, FL 33604 US LUTZ, FL 33558 US

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

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: Name and Address of New Registered Agent:

CADENAS, MARGARITA CADENAS, MARGARITA 8407 N MULBERRY ST 17416 DARBY LN LUTZ, FL 33558 US

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: 08/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: CADENAS, MARGARITA Name: CADENAS, MARGARITA

Address: 8407 N MULBERRY ST Address: 17416 DARBY LN
City-St-Zip: TAMPA, FL 33604 US City-St-Zip: LUTZ, FL 33558 US

 Address:
 2035 PINE CHASE CT
 Address:
 1506 BONNIEBROOK DRIVE

 City-St-Zip:
 TAMPA, FL 33614 US
 City-St-Zip:
 LUTZ, FL 33549 US

Title: O () Delete Title: O (X) Change () Addition Name: HOMOBONO, SUSANA Name: CABALLERO, CAREN S

Address: 5040 TERRACE VILLAGE Address: 4421 TIMBER TERRACE CIR.
City-St-Zip: TAMPA, FL 33617 US City-St-Zip: TAMPA, FL 33624 US

Title: O ( ) Delete Title: O (X) Change ( ) Addition Name: DELGADO, PABLO Name: MEZA, NOE

Address: 4213 RICHMERE RD. Address: 1222 E. 139TH AVENUE
City-St-Zip: TAMPA, FL 33617 US City-St-Zip: TAMPA, FL 33613 US

Title: OFFI () Delete Title: () Change () Addition

 Name:
 DELGADO, MARIA
 Name:

 Address:
 4213 RICHMERE RD.
 Address:

 City-St-Zip:
 TAMPA, FL 33617 US
 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: MARGARITA CADENAS P 08/30/2007