

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008692

FILED  
Feb 11, 2008  
Secretary of State

Entity Name: IGLESIA GETSEMANI INC.

## Current Principal Place of Business:

5295 17TH PL SW  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

5295 17TH PL SW  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 20-4874136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NEGRON, JOSE  
5295 17TH PL SW  
NAPLES, FL 34116 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: NEGRON, JOSE  
Address: 5295 17TH PL SW  
City-St-Zip: NAPLES, FL 34116

Title: VPD ( ) Delete  
Name: NEGRON, JOE  
Address: 4950 21 PL SW  
City-St-Zip: NAPLES, FL 34116

Title: SD ( ) Delete  
Name: NEGRON, CARMEN  
Address: 5295 17TH PL SW  
City-St-Zip: NAPLES, FL 34116

Title: T ( ) Delete  
Name: IGNACIO, RAYMUNDO  
Address: 5295 17TH PL SW  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NEGRON, JOSE A  
Address: 5295 17TH PL SW  
City-St-Zip: NAPLES, FL 34116

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: JOSE A. NEGRON

PD

02/11/2008

Electronic Signature of Signing Officer or Director

Date