2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009501

FILED Apr 20, 2009 Secretary of State

Entity Name: EL REDENTOR - IGLESIA BAUTISTA INC

Current Principal Place of Business:		New Principal Place of Business:		
	GHLANDS DRIV OOD, FL 33021			
urrent N	Mailing Addres	ss:	New Mailing Addres	ss:
	GHLANDS DRIV OOD, FL 33021			
El Numbe	r: 20-5513671	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
01 S HÍG	VICTOR H GHLANDS DRIV OOD, FL 33021			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
the Stat	te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
the Stat	te of Florida. JRE:	submits this statement for the		ed office or registered agent, or both Date
n the Stat	te of Florida. JRE:	ic Signature of Registered Ag	ent	
the State of the S	te of Florida. JRE: Electron RS AND DIREC PD () PONCE, VICTO 301 S HIGHLAN	nic Signature of Registered Ag TORS: Delete IR H IDS DRIVE	ent	Date
the Stat	te of Florida. JRE: Electron RS AND DIREC PD () PONCE, VICTO 301 S HIGHLAN HOLLYWOOD, VPD () ALSIP, ADA R 7294 NW 19TH	ric Signature of Registered Ag TORS: Delete R H HUS DRIVE FL 33021 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
the State of the s	te of Florida. JRE: Electron RS AND DIREC PD () PONCE, VICTO 301 S HIGHLAN HOLLYWOOD, VPD () ALSIP, ADA R 7294 NW 19TH PEMBROKE PII SD () DUQUE, MARIA 7865 NW 19 CT	TORS: Delete R H NDS DRIVE FL 33021 Delete CT NES, FL 33024	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

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: VICTOR PONCE PD 04/20/2009