

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009684

FILED
Feb 02, 2009
Secretary of State

Entity Name: IGLESIA AUDITORIO DE LA FE, INC.

Current Principal Place of Business:

19620 PINES BLVD #206
PEMBROKES PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19620 PINES BLVD #206
PEMBROKES PINES, FL 33029

New Mailing Address:

FEI Number: 20-5576424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROY, ANDRES F
8025 NW 36 ST, STE 302
DORAL, FL 33166 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: P () Delete
Name: ORTIZ, EDWIN L
Address: 11890 SW 8TH ST., STE. 504
City-St-Zip: MIAMI, FL 33184

Title: VP () Delete
Name: ARROYO, MARIA C
Address: 19620 PINES BLVD #206
City-St-Zip: PEMBROKES PINES, FL 33029

Title: T () Delete
Name: MONROY, ANDRES A
Address: 7640 NW 114TH PATH
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: FERREIRA, CARLOS
Address: 15257 SW 111TH ST.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: QUINTANA, MAURICIO
Address: 15110 SW 51ST ST.
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: ORTIZ, GAMALIEL A TR
Address: 19620 PINES BLVD STE 206
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: T (X) Change () Addition
Name: ORTIZ, GAMALIEL A TR
Address: 2955 NW 126 AVE, #418
City-St-Zip: SUNRISE, FL 33323

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: GAMALIEL ORTIZ

TR

02/02/2009

Electronic Signature of Signing Officer or Director

Date