

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009967

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: IGLESIA BAUTISTA "SOLDADO DE JESUCRISTO" INC.

**Current Principal Place of Business:**

640 E 53 ST  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

640 E 53 ST  
HIALEAH, FL 33013

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

BULTE, NICOLAS  
3275 E 4TH AVE APT 14  
HIALEAH, FL 33013    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: BULTE, NICOLAS  
Address: 640 E 53 ST  
City-St-Zip: HIALEAH, FL 33013

Title: VP                      ( ) Delete  
Name: ACOSTA, NELSON  
Address: 640 E 53 ST  
City-St-Zip: HIALEAH, FL 33013

Title: S                      (X) Delete  
Name: PEDROSO, LORELEIS  
Address: 640 E 53 ST  
City-St-Zip: HIALEAH, FL 33013

Title: T                      (X) Delete  
Name: MODINA, ADELA  
Address: 640 E 53 ST  
City-St-Zip: HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TRES                      (X) Change ( ) Addition  
Name: MEDINA, ADELA  
Address: 640 E. 53 STREET  
City-St-Zip: HIALEAH, FL 33013

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: NICOLAS BULTE

Electronic Signature of Signing Officer or Director

PRES

02/08/2009

\_\_\_\_\_ Date