2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011452

FILED Feb 05, 2009 Secretary of State

Entity Name: IGLESIA METODISTA UNIDA WESTWOOD INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10780 SW : MIAMI, FL						
Current Mailing Address:			New Mailii	New Mailing Address:		
10780 SW : MIAMI, FL						
FEI Number:	51-0612291	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status D	esired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Age	nt:	
LOSADA, L 10780 SW : MIAMI, FL			QUIRCE, N 10780 SW MIAMI, FL	56TH ST		
The above in the State		ubmits this statement for the pu	urpose of changing it	ts registered office or registered ag	ent, or both,	
SIGNATURE: MARIA QUIRCE				02/05/2009		
	Electroni	c Signature of Registered Ager	nt	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () QUIRCE, MARIA 11727 SW 95TH MIAMI, FL 3318	ITERR	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T () MORENO, CARL 15217 SW 46TH MIAMI, FL 3318	I LN UNIT H	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S () PENA, LUDMILA 13983 SW 150T HIALEAH, FL 33	нст	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () ALONSO, AIXA 850 W 54TH ST HIALEAH, FL 33		Title: Name: Address: City-St-Zip:	D (X) Change () Addition RAMIREZ, AMBAR 8250 SW 149TH. CT. APT. 205 MAIMI, FL 33193		
Title: Name: Address: City-St-Zip:	S () FERRER, EMILI 850 W 54TH ST MIAMI, FL 3301		Title: Name: Address: City-St-Zip:	S (X) Change () Addition ROSARIO, ISAILY 6720 SW 152ND. PL. MIAMI, FL 33193		
Title: Name: Address: City-St-Zip:	S () MARTINEZ, JOS 6660 SW 130TH MIAMI, FL 3318	I AVE	Title: Name: Address: City-St-Zip:	()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: MARIA QUIRCE C 02/05/2009