## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000013029

Entity Name: IGLESIA UN MINISTERIO SANADOR INC.

FILED Mar 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 SEFFNER AVE SEFFNER, FL 33584

Current Mailing Address: New Mailing Address:

13263 EVENING SUNSET LANE RIVERVIEW, FL 33569 13263 EVENING SUNSET LANE RIVERVIEW, FL 33579

FEI Number: 20-8093023 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DIAZ, LINETTE

13263 EVENING LANE
RIVERVIEW, FL 33569 US

DIAZ, LINETTE

13263 EVENING LANE
RIVERVIEW, FL 33579 US

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: 03/26/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: DIAZ, LINETTE Name: DIAZ, LINETTE
Address: 13263 EVENING SUNSET LANE Address: 13263 EVENING SUNSET LANE

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33579

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: DAVILA, LOURDES V Name: FERNANDEZ, OBED A

Address: 443 MAPLE POINTE DR Address: 13263 EVENING SUNSET LANE
City-St-Zip: SEFFNER, FL 33584 City-St-Zip: RIVERVIEW, FL 33579

Title: S () Delete Title: () Change () Addition

 Name:
 VIERA, ELIZABETH
 Name:

 Address:
 939 SUMMER BREEZE DR
 Address:

 City-St-Zip:
 BRANDON, FL 33511
 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: OBED A. FERNANDEZ T 03/26/2008