

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000241

FILED
Mar 14, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA IMPACTO DE DIOS, INC.

Current Principal Place of Business:

1825 HAMMOCK RD.
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

611 CRANE STREET
SEBRING, FL 33872

New Mailing Address:

P.O. BOX 7426
SEBRING, FL 33872

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

Name and Address of Current Registered Agent:

COLON, RUTH
611 CRANE STREET
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

COLON, RUTH
271 TANAGER ST
SEBRING, FL 33872 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: _____

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABREGO, LEOPOLDO
Address: 1825 HAMMOCK RD.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: ABREGO, BLANCA
Address: 1825 HAMMOCK RD.
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: COLON, RAMON
Address: 1825 HAMMOCK RD.
City-St-Zip: SEBRING, FL 33870

Title: ST () Delete
Name: COLON, RUTH
Address: 1825 HAMMOCK RD.
City-St-Zip: SEBRING, FL 33870

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: D (X) Change () Addition
Name: COLON, RUTH
Address: 1825 HAMMOCK RD.
City-St-Zip: SEBRING, FL 33870

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: RUTH COLON

DIR

03/14/2009

Electronic Signature of Signing Officer or Director

Date