

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2009  
Secretary of State**

DOCUMENT# N07000001151

Entity Name: IGLESIA COSECHA DE CRISTO, INC.

**Current Principal Place of Business:**

1530 SW 2ND ST  
303  
MIAMI, FL 33135 US

**New Principal Place of Business:**

**Current Mailing Address:**

1530 SW 2ND ST  
303  
MIAMI, FL 33135 US

**New Mailing Address:**

FEI Number: 20-8427034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOPEZ, ALICIA  
1530 SW 2ND ST  
303  
MIAMI, FL 33135 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: PD ( ) Delete  
Name: LOPEZ, RODOLFO  
Address: 1530 SW 2ND ST APT # 303  
City-St-Zip: MIAMI, FL 33135 US

Title: VPD ( ) Delete  
Name: LOPEZ, ALICIA  
Address: 1530 SW 2ND ST APT # 303  
City-St-Zip: MIAMI, FL 33135 US

Title: SD ( ) Delete  
Name: FONSECA, KAREN  
Address: 1530 NW 15 AVE  
City-St-Zip: MIAMI, FL 33125 US

Title: TD ( ) Delete  
Name: FONSECA, MIRIAM  
Address: 1530 NW 15 AVE  
City-St-Zip: MIAMI, FL 33125 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: CH (X) Change ( ) Addition  
Name: CRUZ, ALBA ROSARIO  
Address: 610 SW 11TH AVE. APT #5  
City-St-Zip: MIAMI, FL 33130 US

Title: TD ( ) Change (X) Addition  
Name: BETANCOURT, ALEX  
Address: 1629 NW N.RIVER DR. APT #505  
City-St-Zip: MIAMI, FL 33125

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: ALICIA LOPEZ

VPD

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date