


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 025 \*\*\*\*70.00

**DOCUMENT # N07000002210**

1. Entity Name  
**IGLESIA DE CRISTO CORP.**



Principal Place of Business  
**9990 SHADOW CREEK DR  
 ORLANDO, FL 32832**

Mailing Address  
**9990 SHADOW CREEK DR  
 ORLANDO, FL 32832**

2. Principal Place of Business - No P.O. Box #  
**1140 South Lakemont Ave**

3. Mailing Address  
**515 Polaris Loop**

Suite, Apt. #, etc.  
**#101**

City & State  
**Winter Park, Florida**

City & State  
**Casselberry Florida**

Zip  
**32792**

Country  
**ORANGE**

Zip  
**32707**

Country  
**Seminole**



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-8432505**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERALTA, PABLO SR.  
 12608 OULTON CR  
 ORLANDO, FL 32832**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Pablo Peralta** *[Signature]* **vice President** **02-13-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GALARZA, RADAMES SR.	
STREET ADDRESS	9990 SHADOW CREEK DR	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	LABOY, ANIBAL SR	
STREET ADDRESS	6380 CONTESA DR APT. 104	
CITY-ST-ZIP	ORLANDO, FL 32829	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	MARTINEZ, WILLY SR.	
STREET ADDRESS	515 POLARIS LOOP APT. 101	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERALTA, PABLO SR.	
STREET ADDRESS	12608 OULTON CR	
CITY-ST-ZIP	ORLANDO, FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANIBAL LABOY** *[Signature]* **SECRETARY** **2/13/08** **407-208-9706**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #