

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005030

FILED
May 30, 2008
Secretary of State

Entity Name: IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.

Current Principal Place of Business:

13 EAST PINE STREET
DAVENPORT, FL 33837

New Principal Place of Business:

229 N. 14 ST.
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 2683
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 26-0207491 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CARTAGENA, CHRISTOPHER
639 MADINA CIRCLE
DAVENPORT, FL 33837 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAIME, MARIBEL
Address: 233 ASHLEY LOOP
City-St-Zip: DAVENPORT, FL 33837

Title: VP () Delete
Name: CARTAGENA, CHRISTOPHER
Address: 639 MADINA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: JAIME, AWILDA
Address: 102 WINCHESTER LANE
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: MARTENS, LESLIE J
Address: 639 MADINA CIRCLE
City-St-Zip: DAVENPORT, FL 33837

Title: VS (X) Delete
Name: TATIS, MARILYN
Address: 5243 CAPE HATTERA DRIVE
City-St-Zip: CLERMONT, FL 34714

Title: VT () Delete
Name: RIVERA, ROSA
Address: 145 CRESTWOOD PASS
City-St-Zip: DAVENPORT, FL 33897

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHRISTOPHER CARTAGENA

VP

05/30/2008

Electronic Signature of Signing Officer or Director

Date