2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07000005030

Entity Name: IGLESIA CRISTIANA CASA DEL ALTISIMO, INC.

Current Principal Place of Business:

229 N. 14 ST.
HAINES CITY, FL 33844

New Principal Place of Business:

208 E. PINE STREET
DAVENPORT, FL 33836

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 ( )**

Name and Address of Current Registered Agent:

CARTAGENA, CHRISTOPHER
639 MADINA CIRCLE
DAVENPORT, FL 33837 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: 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: VT ( ) Delete
Name: RIVERA, ROSA
Address: 145 CRESTWOOD PASS
City-St-Zip: DAVENPORT, FL 33897

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

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

Title: SS ( ) Change (X) Addition
Name: GONZALEZ, MARIA M
Address: 367 SILVER PALM CIRCLE
City-St-Zip: DAVENPORT, FL 33837

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: MARIBEL JAIME P 04/13/2009

Electronic Signature of Signing Officer or Director — Date