

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008641

FILED
Apr 30, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA COMUNIDAD DE FE, INC.

Current Principal Place of Business:

3061 MICHIGAN AVE. SUITE 108 C
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

4623 CABALERRO TRAIL
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 26-0766905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOJICA, RAFAEL
4623 CABALERRO TRAIL
KISSIMMEE, FL 34758 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: MOJICA, RAFAEL
Address: 4623 CABALERRO TRAIL
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: MOJICA, CLARIBEL
Address: 4623 CABALERRO TRAIL
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Delete
Name: APONTE, BRANDY
Address: 14214 COLONIAL GRAND BLVD # 2215
City-St-Zip: ORLANDO, FL 32837

Title: S () Delete
Name: NIEVES, IVONNE
Address: 2156 CONTINENTAL ST
City-St-Zip: ST. CLOUD, FL 34769

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:

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: RAFAEL MOJICA

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date