

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010629

FILED
Jul 25, 2008
Secretary of State

Entity Name: IGLESIA DE JESUCRISTO LA GRAN COMISION INC

Current Principal Place of Business:

2472 SW LOQUAT RD
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2472 SW LOQUAT RD
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 26-1361007 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:

CENTRO LATINO INC
10632 S FEDERAL HWY
PORT ST LUCIE, FL 34952 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: DP () Delete
Name: BUESO, JOSE
Address: 2472 SW LOQUAT RD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DVP (X) Delete
Name: CASTRO, TOMAS
Address: 2498 SE STONECROP ST
City-St-Zip: PORT ST LUCIE, FL 34984

Title: DT () Delete
Name: FERREIRA, LUIS
Address: 919 SE BROWING AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DS () Delete
Name: FLORES, DEBBIE
Address: 2472 SW LOQUAT RD
City-St-Zip: PORT ST LUCIE, FL 34953

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: JOSE BUESO

P

07/25/2008

Electronic Signature of Signing Officer or Director

Date