

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005265

FILED
Mar 22, 2009
Secretary of State

Entity Name: IGLESIA PENTECOSTAL CIELOS ABIERTOS, INC.

Current Principal Place of Business:

5343 WHIPPOORWILL DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5343 WHIPPOORWILL DRIVE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 26-2609625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARRERO, LUIS
5343 WHIPPOORWILL DRIVE
HOLIDAY, FL 34690 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: D () Delete
Name: MARRERO, LUIS
Address: 5343 WHIPPOORWILL DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: MARTINEZ, LERICIA
Address: D343 WHIPPOORWILL DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: NIEVES, NORMA
Address: 619 WOOD STREET C
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: ROSARIO, CARMEN
Address: 4220 9TH AVE
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D () Delete
Name: ROSARIO, REUEL
Address: 4220 9TH AVE
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MARTINEZ, LETICIA
Address: 5343 WHIPPOORWILL DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: D (X) Change () Addition
Name: NIEVES, NORMA
Address: 720 61ST STREET SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: ROSARIO, CARMEN
Address: 4220 9TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D (X) Change () Addition
Name: ROSARIO, REUEL
Address: 4220 9TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33713

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: LUIS MARRERO

D

03/22/2009

Electronic Signature of Signing Officer or Director

Date