

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006533

FILED  
Jun 05, 2009  
Secretary of State

Entity Name: IGLESIA MISION CELESTIAL INC.

## Current Principal Place of Business:

4819 SW 48TH AVE.  
DAVIE, FL 33314

## New Principal Place of Business:

## Current Mailing Address:

4819 SW 48TH AVE.  
DAVIE, FL 33314

## New Mailing Address:

FEI Number: 90-0413028      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:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

GONZALEZ, MIGUEL A  
4819 SW 48TH AVE.  
DAVIE, FL 33314      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: MIGUEL A GONZALEZ

06/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GONZALEZ, MIGUEL A  
Address: 4819 SW 48TH AVE  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: GUTIERREZ, CONTANSA  
Address: 4819 SW 48TH AVE  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: MEJIAS, LIDIA  
Address: 4819 SW 48TH AVE  
City-St-Zip: DAVIE, FL 33314

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: SANTAMARIA, SANDRA  
Address: 4819 SW 48TH AVE  
City-St-Zip: DAVIE, FL 33314

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

Title: D ( ) Change (X) Addition  
Name: GOMEZ, RAFAEL  
Address: 4819 SW 48TH AVE  
City-St-Zip: DAVIE, FL 33314

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: MIGUEL A GONZALEZ

D

06/05/2009

Electronic Signature of Signing Officer or Director

Date