2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007100

Entity Name: IGLESIA CRISTIANA ARCA DE REFUGIO INC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3603 SOUTH CANWAY RD.
ORLANDO, FL 32812 US
3603 SOUTH CONWAY RD.
ORLANDO, FL 32812 US
ORLANDO, FL 32812 US

Current Mailing Address: New Mailing Address:

7710 PINE FORK DR 3603 SOUTH CONWAY RD. ORLANDO, FL 32822 US ORLANDO, FL 32812 US

FEI Number: 26-3108498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODRIGUEZ, CESAR A
6530 SWISSCO DR
248 PARK TREE TERRACE
1112
1224
ORLANDO, FL 32822 US
ORLANDO, FL 32825 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: ANADARIS RAMOS 03/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: CAPETILLO, HECTOR A SR Name:

Address: 7710 PINE FORK DR Address: City-St-Zip: ORLANDO, FL 32822 US Name:

Address: City-St-Zip: Orlando, FL 32822 US

Title: VP () Delete Title: () Change () Addition

 Name:
 SANCHEZ, ELMER
 Name:

 Address:
 13026 OULTON COURT
 Address:

 City-St-Zip:
 ORLANDO, FL 32822 US
 City-St-Zip:

 Name:
 RODRIGUEZ, CESAR A
 Name:
 RAMOS, ANADARIS

 Address:
 6530 SWISSCO DR. APT. 1112
 Address:
 248 PARK TREE TERRACE

 City-St-Zip:
 ORLANDO, FL 32822 US
 City-St-Zip:
 ORLANDO, FL 32825 US

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: HECTOR A CAPETILLO SR. P 03/25/2009