

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008237

FILED
Jun 21, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA REFORMADA NUEVO PACTO, INC.

Current Principal Place of Business:

1325 NORTH
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

PO BOX 1082
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 26-2909878 **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:

SUAREZ, XAVIER
175 DUKE DRIVE
LAKE WORTH, FL 33460 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: P () Delete
Name: SUAREZ, XAVIER
Address: 175 DUKE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: TAGLE, JOSE
Address: 114 BAYBERRY CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: TAGLE, RITA
Address: 114 BAYBERRY CIRCLE
City-St-Zip: JUPITER, FL 33458

Title: S (X) Delete
Name: GRACIA, CLAUDIA
Address: 815 COTTON BAY DRIVE W # 912
City-St-Zip: WEST PALM BEACH, FL 33402

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: XAVIER L SUAREZ

P

06/21/2009

Electronic Signature of Signing Officer or Director

Date