2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N08000009213

Entity Name: IGLESIA CRISTIANA PENTECOSTAL DE HAINES CITY INC.

Current Principal Place of Business:

5915 KALOGRIDIS RD.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

5915 KALOGRIDIS RD.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 38-3790672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, BARBARA
14837 SIPLIN RD.
WINTER GARDEN, FL 34787 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: PD ( ) Delete
Name: MARTINEZ, BARBARA
Address: 14837 SIPLIN RD.
City-St-Zip: WINTER GARDEN, FL

Title: S ( ) Delete
Name: MENDEZ, MANUELA
Address: 1226 WESTWINDS DR.
City-St-Zip: DAVENPORT, FL

Title: T ( ) Delete
Name: GONZALEZ, ELIZABETH
Address: 5609 ROYAL HILLS DR.
City-St-Zip: WINTER HAVEN, FL

Title: T ( ) Delete
Name: CORONADO, CYNTHIA
Address: 1409 RAIN CT.
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete
Name: DONIS, MANUEL
Address: 513 MARICOPA DR.
City-St-Zip: KISSIMMEE, FL 34758

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: RODRIGUEZ, ELIZABETH
Address: 325 SHERBORNE LANE
City-St-Zip: KISSIMMEE, FL 34758

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

Title: T (X) Change ( ) Addition
Name: RAMOS, SARA
Address: 12419 ERYN CT
City-St-Zip: CLERMONT, FL 34711

Title: V (X) Change ( ) Addition
Name: MENDEZ, SANTIAGO
Address: 1226 WESTWINDS DR
City-St-Zip: DAVENPORT, FL

Title: V ( ) Change (X) Addition
Name: MARQUEZ, ELISEO
Address: 1237 WESTWINDS DR
City-St-Zip: DAVENPORT, FL

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: ELIZABETH RODRIGUEZ S 04/20/2009

Electronic Signature of Signing Officer or Director — Date