## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010421

FILED Mar 20, 2009 Secretary of State

Entity Name: IGLESIA DE DIOS PENTECOSTAL CIELOS ABIERTOS INC.

US

Current Principal Place of Business: New Principal Place of Business:

17 EAST PINE STREET DAVENPORT, FL 33837

Current Mailing Address: New Mailing Address:

15805 BAY VISTA DRIVE CLERMONT, FL 34714 US

FEI Number: 30-0513537 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:

RINCON, DANIEL P

15805 BAY VISTA DRIVE
CLERMONT, FL 34714 US

RINCON, DANIEL PASTOR
15805 BAY VISTA DRIVE
CLERMONT, FL 34714 US

CLERMONT, FL 34714 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: DANIEL RINCON 03/20/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 RINCON, DANIEL PASTOR:
 Name:
 RINCON, DANIEL

 Address:
 15805 BAY VISTA DR.
 Address:
 15805 BAY VISTA DR.

 City-St-Zip:
 CLERMONT, FL 34714 US
 City-St-Zip:
 CLERMONT, FL 34714 US

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

 Name:
 RINCON, CARMEN A
 Name:

 Address:
 15805 BAY VISTA DR.
 Address:

 City-St-Zip:
 CLERMONT, FL 34714 US
 City-St-Zip:

Title: STD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TORRES, ANA R
 Name:

 Address:
 2636 ANDROS LN.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34747 US
 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: DANIEL RINCON PD 03/20/2009