

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 30, 2009
Secretary of State**

DOCUMENT# N08000010476

Entity Name: IGLESIA BAUTISTA RESCATE INC.

Current Principal Place of Business:3431 SW 11 ST APT 1
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**3431 SW 11 ST APT 1
MIAMI, FL 33135**New Mailing Address:**

FEI Number: 26-4146549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:ABELLA, MOISES
3431 SW 11 ST APT 1
MIAMI, FL 33135 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: DP () Delete
Name: ABELLA, MOISES
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135Title: DV () Delete
Name: LEGRA, AMADO W
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135Title: DS () Delete
Name: MATOS, MIGDALIA
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135Title: DT () Delete
Name: ABELLA, MOISES JR
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DV (X) Change () Addition
Name: MATOS, MIGDALIA
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135Title: DS (X) Change () Addition
Name: MATOS, MIGDALIA
Address: 3431 SW 11 ST APT 1
City-St-Zip: MIAMI, FL 33135Title: DT (X) Change () Addition
Name: FUENTES, ROSA M
Address: 821 SE 4 PLACE
City-St-Zip: HIALEAH, FL 33010

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: MOISES ABELLA

DP

09/30/2009

Electronic Signature of Signing Officer or Director

Date