

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23167

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: TEMPLO DE ALABANZA ASAMBLEAS DE DIOS, INC.

**Current Principal Place of Business:**

230 W. 21 STREET  
HIALEAH, FL 330102517 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 W 21 STREET  
HIALEAH, FL 330102517 US

**New Mailing Address:**

FEI Number: 65-0123913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SARDINAS, RAMON DAVID  
8772 NW 146 LANE  
HIALEAH, FL 33018 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: SARDINAS, RAMON D  
Address: 8772 NW 146 LANE  
City-St-Zip: HIALEAH, FL 33018

Title: SD ( ) Delete  
Name: SARDINE, CARME D  
Address: 8772 NW 146 LN.  
City-St-Zip: HIALEAH, FL 33018

Title: TD ( ) Delete  
Name: ARGUETZ, YOLANDA  
Address: 19831 NE 10 PL  
City-St-Zip: MIAMI BEACH, FL 33119

Title: D ( ) Delete  
Name: SOSA, OSCAR  
Address: 7211 W. 24 AVE. #2282  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SARDINAS, RAMON D  
Address: 2140 SOFT PINE LN NW  
City-St-Zip: ACWORTH, GA 30102

Title: VP (X) Change ( ) Addition  
Name: SOSA, OSCAR  
Address: 13968 NW 88PL  
City-St-Zip: MIAI LAKES, FL 33018

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

Title: D (X) Change ( ) Addition  
Name: SARDINAS, CARMEN D  
Address: 2140 SOFT PINE LN NW  
City-St-Zip: ACWORTH, GA 30102

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: RAMON D SARDINAS

PD

03/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date