2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N24664

Entity Name: IGLESIA MISIONERA PREGONEROS DE JUSTICIA DE FLORIDA, INC.

Current Principal Place of Business:

860 SE 12TH STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

860 SE 12TH STREET
HIALEAH, FL 33010 US

New Mailing Address:

FEI Number: 65-0137933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, REINALDO W SR.
860 S.E. 12TH STREET
HIALEAH, FL 33010 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:	P	( ) Delete
Name:	MEDIA, REINALDO W	
Address:	10180 NW 133 STREET	
City-St-Zip:	HIALEAH GARDENS, FL 33018 FL	
Title:	VP	( ) Delete
Name:	MEDINA, MERCEDES L SR-COP	
Address:	10180 NW 133 STREET	
City-St-Zip:	HIALEAH GARDENS, FL 33018 FL	
Title:	T	( ) Delete
Name:	CASTELLANOS, OFELIA	
Address:	30 WEST 53TH TERRACE	
City-St-Zip:	HIALEAH, FL	
Title:	T	( ) Delete
Name:	ALARCON, M. DOLORES	
Address:	5080 E. 9 LANE	
City-St-Zip:	HIALEAH, FL	

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: REINALDO W. MEDINA PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date