

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 010 ****70.00

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1. Entity Name
IGLESIA CRISTIANA RENUEVO INC.

Principal Place of Business
290 COMPETITION DR
KISSIMMEE, FL 34743

Mailing Address
P.O. BOX 450113
KISSIMMEE, FL 34745

40050417



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2980721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JAIRO
5 SPUR CT
KISSIMMEE, FL 34743

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GARCIA, SANDRA
STREET ADDRESS 5 SPUR CT
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE T ☐ Delete
NAME MIRANDA, EVELYN
STREET ADDRESS 1503 LUND AVE,
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE S ☐ Delete
NAME GARCIA, JAIRO
STREET ADDRESS 5 SPUR CT.
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D ☐ Delete
NAME NANCY, CARASQUILLA
STREET ADDRESS 1655 WINDSOR OAK CT.
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D ☐ Delete
NAME VAZQUEZ, JOSE A
STREET ADDRESS 14464 BAY ISLE DR.
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
NAME Sandra Garcia
STREET ADDRESS 5 Spur Ct
CITY-ST-ZIP Kissimmee, FL 34743

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME Jairo Garcia
STREET ADDRESS 5 Spur Ct
CITY-ST-ZIP Kissimmee, FL 34743

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/07