

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41449

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** IGLESIA BAUTISTA LIBRE RENACER, INC.

**Current Principal Place of Business:**

5859 SW 16 STREET  
MIAMI, FL 33155 US

**New Principal Place of Business:**

11975 SW 142 TERR  
UNIT 103  
MIAMI, FL 33186 US

**Current Mailing Address:**

PO BOX 973036  
MIAMI, FL 33197 US

**New Mailing Address:**

**FEI Number:** 65-0189834      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ABREIRA, GUSTAVO  
17720 SW 111 AVE  
MIAMI, FL 33157 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: ABREIRA, GUSTAVO  
Address: 17720 SW 111 AVE  
City-St-Zip: MIAMI, FL 33157

Title: TD ( ) Delete  
Name: QUEVEDO, NELSON  
Address: 1415 GARCIA AVE  
City-St-Zip: MIAMI, FL 33155

Title: CD ( ) Delete  
Name: ALFARO, PEDRO  
Address: 11400 SW 196 ST  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: QUEVEDO, ANA V  
Address: 1415 GARCIA AVE  
City-St-Zip: MIAMI, FL 33155

Title: SD (X) Delete  
Name: HERNANDEZ, NOEL  
Address: 6395 SW 136CT APT K103  
City-St-Zip: MIAMI, FL 33183

**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:

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: GUSTAVO ABREIRA

PD

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date