# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N48900

**Entity Name:** IGLESIA CRISTIANA REFORMADA BUENAS NUEVAS, INC.

**Current Principal Place of Business:**

11989 SW 56TH STREET
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 940621
MIAMI, FL 331940621 US

**New Mailing Address:**

**FEI Number: 65-0344223** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GARCIA, HECTOR
18322 S W 142ND COURT
MIAMI, FL 33177 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: SALINAS, MATIAS A
Address: 9271 NW 32 COURT ROAD
City-St-Zip: MIAMI, FL 33147

Title: TD ( ) Delete
Name: BORREGO, NORMA V
Address: 13150 SW 6 ST
City-St-Zip: MIAMI, FL 33184

Title: V ( ) Delete
Name: SALINAS, MATIAS
Address: 9271 NW 32ND COURT ROAD
City-St-Zip: MIAMI, FL 33174

Title: P ( ) Delete
Name: GARCIA, HECTOR
Address: 18322 S W 142ND COURT
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete
Name: DELGADO, ILEANA
Address: 4567 S W 128TH COURT
City-St-Zip: MIAMI, FL 33175

**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: HECTOR GARCIA P 04/15/2009

Electronic Signature of Signing Officer or Director — Date