

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000513

FILED
Apr 06, 2006
Secretary of State

Entity Name: IGLESIA ALIANZA CRISTIANA Y MISIONERA, INC.

Current Principal Place of Business:

6141 PEMBROKE RD
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6141 PEMBROKE RD
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0397541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, DAVID
126 N.W. 152 AVE
PEMBROKE PINES, FL 33028 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: GARCIA, DAVID
Address: 126 N.W. 152ND AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD () Delete
Name: MORALES, IVETTE
Address: 10244 SW 20 STREET
City-St-Zip: MIRAMAR, FL 33025

Title: TD () Delete
Name: TRIBIN, LUIS A
Address: 12659 NW 13TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: AN () Delete
Name: DEHOYOS, BENJAMIN
Address: 15731 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ALBANESE, CARMEN
Address: 707 NW 177 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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 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: LUIS ALBERTO TRIBIN

TD

04/06/2006

Electronic Signature of Signing Officer or Director

Date