

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000513

FILED
Mar 24, 2009
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:

6141 PEMBROKE RD
HOLLYWOOD, FL 33023 US

Current Mailing Address:

6141 PEMBROKE RD
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0401037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLO, GUSTAVO REV.
321 NW 68TH AVENUE
HOLLYWOOD, FL 33024 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: REV () Delete
Name: POLO, GUSTAVO
Address: 321 NW 68TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: SD () Delete
Name: PEREZ, MADELINE
Address: 16451 BLATT BLVD #204
City-St-Zip: WESTON, FL 33326

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: () 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: LUIS A. TRIBIN

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date