

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002264

FILED
Apr 16, 2009
Secretary of State

Entity Name: IGLESIA CATOLICA APOSTOLICA AMERICANA INC.

Current Principal Place of Business:

701 E 4 AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

701 E 4 AVENUE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 31-1610039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMARGO, MELO J
701 E 4TH AVENUE
HIALEAH, FL 33010 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: VD () Delete
Name: MELO, MONS. JOSE C
Address: 447 EAST 7TH ST
City-St-Zip: HIALEAH, FL 33010

Title: PD () Delete
Name: ALVAREZ, MONS JOSE R
Address: 421 E 7TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: MOTTE, PBRO O
Address: 447 E 7TH STREET
City-St-Zip: HIALEAH, FL 33010

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:

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: MOTTE OCTAVIO

D

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date