

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90043 004 ****75.00

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1. Entity Name

IGLESIA RENACIMIENTO CRISTIANO INC. A/D



Principal Place of Business

Mailing Address

150 DOG TRACK RD.
LONGWOOD FL 32750

P.O. BOX 937
LONGWOOD FL 32750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3156794

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSADO, ANGEL L
150 DOG TRACK RD.
LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
SDT
PINTO, MARIA
STREET ADDRESS
624 E. MAGNOLIA AVE.
CITY- ST- ZIP
LONGWOOD FL 32750 ☒ Delete

TITLE
NAME
SDT
Evelyn Rosado
STREET ADDRESS
103 Palm Springs Dr.
CITY- ST- ZIP
Longwood, FL 32750 ☒ Change ☐ Addition

TITLE
NAME
T
GUZMAN, ROBERT
STREET ADDRESS
981 WESSON DR
CITY- ST- ZIP
CASSELBERRY FL 32707 ☐ Delete

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
T
RENE, OTERO
STREET ADDRESS
406 DEWARS COURT
CITY- ST- ZIP
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
T
ENRIQUE, CUEVAS
STREET ADDRESS
2515 DWYERS LANE
CITY- ST- ZIP
LAKE MARY FL 32746 ☐ Delete

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angel L Rosado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

407-332-8008
Daytime Phone #