## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002137

Entity Name: IGLESIA BAUTISTA "SION" INC.

FILED Jan 31, 2008 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	FWARD DR. RINGS, FL 33166 US			
Current Mailing Address:		New Maili	New Mailing Address:	
	39 TERRACE GARDENS, FL 33166 US			
FEI Number	: 65-0583343 FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
VIRGINIA	39 TERRACE GARDENS, FL 33166 US  named entity submits this statement for the	ne purpose of changing i	its registered office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU				
	Electronic Signature of Registered	Agent	Date	
OFFICER	OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD ( ) Delete TORNA, ESTHER M 6330 NW, 39 TERRACE VIRGINIA GARDENS, FL 33166	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition LUGO, ABILIO J 6330 NW, 39 TERRACE VIRGINIA GARDENS, FL 33166	
Title: Name: Address: City-St-Zip:	VD ( ) Delete JEREZ, ROBERTO 9120 NW, 162 TERRACE MIAMI LAKE, FL 33018	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition TORNA, ESTHER M 6330 NW, 39 TERRACE VIRGIA GARDENS, FL 33166	
Title: Name: Address: City-St-Zip:	STD ( ) Delete RAMIREZ, MIRIAM 3822 NW 58 CT VIRGINIA GARDENS, FL 33166	Title: Name: Address: City-St-Zip:	STD (X) Change ( ) Addition QUINTANA, LILIAN B 9120 NW 162 TERRACE MIAMI LAKES, FL 33018	
Title: Name: Address: City-St-Zip:	D ( ) Delete RAMIREZ, SERGIO 3822 NW 58 CT VIRGINIA GARDENS, FL 33166	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition MOLINA, MIRIAM 3822 NW 58 CT VIRGINIA GARDENS. FL 33166	

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: ABILIO J. LUGO PD 01/31/2008