2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400005702

IRIZARRY, RAYMOND

7321 ABONADO ROAD

TAMPA, FL 33615

Name:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Entity Name: IGLESIA JUAN 3:16, INC. **Current Principal Place of Business: New Principal Place of Business:** 7601 N ROME AVE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 10013 COLONNADE DR. TAMPA, FL 33647 FEI Number: 59-3281756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACEVEDO, PORFIDIO 10013 COLONNADE DR. TAMPA, FL 33647 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ACEVEDO, PORFIDIO Name: Name: Address: 10013 COLONNADE DR. Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ACEVEDO, MONSERRATE Name: Address: 10013 COLONNADE DR. Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition AVILES, ELSIE Name: Name: 802 URBAN VILLAGE #3B Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RAYMOND IRIZARRY MR 04/14/2009