


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90028 005 ****70.00

DOCUMENT # N95000003516	
1. Entity Name TABERNACULO DE LA FE DE ORLANDO DE LA ALIANZA CRISTIANA Y MISIONERA, INC.	

Principal Place of Business 2841 S GOLDENROD RD ORLANDO, FL 32822	Mailing Address POST OFFICE BOX 720194 ORLANDO, FL 32872-0194
---	---

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

40043316



03082008 Chg-NP CR2E037 (12/06)

4. FEI Number 69-3307040 74-3077653		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEL RIO, ABEL 5333 WOODEREST DRIVE WINTER PARK, FL 32792		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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ABEL DEL RIO		NAME				
STREET ADDRESS	5333 WOODCREST DR		STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FLORES, RICHARD		NAME				
STREET ADDRESS	741 ASHLEY LN		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FLORES, FREDDIE		NAME				
STREET ADDRESS	7523 CHARLIN PKWY		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PINEIRO, BETSY RUIZ		NAME				
STREET ADDRESS	6934 LONG NEEDLE CT		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Abel Del Rio **3/09/08** **(407) 382-0080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40043572

#N98000003516



IRS Department of the Treasury
Internal Revenue Service

Atlanta Service Center
ATLANTA GA 39901-0038

In reply refer to: 0757745869
Mar. 04, 2008 LTR 147C i0
74-3077653 000000 00 000
Input Op: 0757745869 00002894
BODC: SB

TABERNACULO DE LA FE
% FREDDY FLORES
2841 S GOLDENROD RD
ORLANDO FL 32822-7801412



08303

Employer Identification Number: 74-3077653

Dear Taxpayer:

We received your request dated Feb. 22, 2008, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 74-3077653. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require their use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____