

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004143

FILED  
May 01, 2009  
Secretary of State

Entity Name: IGLESIA DE CRISTO MIEL GENESIS SHALOM, INC.

**Current Principal Place of Business:**

6920 IMMOKALEE RD.  
NAPLES, FL 34119

**New Principal Place of Business:**

621 RIDGE DRIVE  
NAPLES, FL 34108

**Current Mailing Address:**

3195 10 AVE. NE  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 65-0686278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEONI, VICTOR E  
3780 10 AVE NE  
NAPLES, FL 34120      US

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: DP      ( ) Delete  
Name: LEONI, VICTOR E  
Address: 3780 10 AVE NE  
City-St-Zip: NAPLES, FL

Title: DVP      ( ) Delete  
Name: LEONI, XIOMARA B  
Address: 3780 10 AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: T      ( ) Delete  
Name: PEREZ, ALVIN  
Address: 3195 10 AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: S      ( ) Delete  
Name: PEREZ, MARTHA  
Address: 3195 10TH AVE NE  
City-St-Zip: NAPLES, FL 34120

**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:

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: VICTOR E LEONI

DP

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date