


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

DOCUMENT # N96000004325
 1. Entity Name
IGLESIA CRISTIANA PENIEL, INC.



02-05-2008 90025 001 *****8.75
 02-05-2008 90025 002 *****61.25

Principal Place of Business Mailing Address
482 NW 69TH AVE **482 NW 69TH AVE**
MARGATE FL 33063 **MARGATE FL 33063**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0695744** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, LUIS
2700 N.W. 99TH AVE, BLDG. B, NO. 623B
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when recasting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 STREET ADDRESS CITY-ST-ZIP	P GARCIA, LUIS 2700 N.W. 99TH AVE, #623B CORAL GABLES FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORELLANA, JOSE ATILIO 6317 SEMINOLE TERRACE POMPANO BEACH FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palma Santos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6317 Seminole Terrace Margate, Fl. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRIOS, LURIS <input checked="" type="checkbox"/> Delete 1605 WINFIELD BLVD, NO. 30 MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orellana Jose Atilio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6317 Seminole Terrace Margate, Fl. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALVARES, SANTOS DINIA <input type="checkbox"/> Delete 5507 S.W. 6 CT POMPANO BEACH FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTES, JULIO C <input checked="" type="checkbox"/> Delete 5540 NW 61ST ST #421 COCONUT CREEK FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cruz Sanches <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1171 W. River Drive Margate, Fl. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMERO, EMILIO <input type="checkbox"/> Delete 1200 S.W 52 AVE., APT. 207 POMPANO BEACH FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Luis Garcia - Luis Garcia 1/26/08--- (954)255-8931