

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004325

FILED
Jan 09, 2009
Secretary of State

Entity Name: IGLESIA CRISTIANA PENIEL, INC.

Current Principal Place of Business:

482 NW 69TH AVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

482 NW 69TH AVE
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0695744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, LUIS
2700 N.W. 99TH AVE, BLDG. B, NO. 623B
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: P () Delete
Name: GARCIA, LUIS
Address: 2700 N.W. 99TH AVE, #623B
City-St-Zip: CORAL GABLES, FL 33065

Title: V () Delete
Name: ORELLANA, JOSE
Address: 6317 SEMINOLE TERRACE
City-St-Zip: POMPANO BEACH, FL 33063

Title: V () Delete
Name: SANTOS, PALMA
Address: 6317 SEMINOLE TERRACE
City-St-Zip: POMPANO BEACH, FL 33063

Title: S () Delete
Name: ALVARES, SANTOS DINJA
Address: 5507 S.W. 6 CT
City-St-Zip: POMPANO BEACH, FL 33068

Title: T () Delete
Name: SANCHES, CRUZ
Address: 1171 W RIVER DRIVE
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: ROMERO, EMILIO
Address: 1200 S.W 52 AVE., APT. 207
City-St-Zip: POMPANO BEACH, FL 33068

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
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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: LUIS GARCIA

-PRE

01/09/2009

Electronic Signature of Signing Officer or Director

Date