

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005819

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** IGLESIA CRISTIANA CASA DE REFUGIO, INC.

**Current Principal Place of Business:**

660 ROYAL PALM BEACH BLVD.  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

2628 WESTGATE AVE.  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

PO BOX 19594  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

FEI Number: 65-1084153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MONZON, FRANCISCO O  
3644 WALDEN LANE  
WEST PALM BEACH, FL 33406 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: D ( ) Delete  
Name: MONZON, FRANCISCO O  
Address: 3644 WALDEN LANE  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete  
Name: LUGO, ANI  
Address: 1125 GRANDVIEW CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: DE JESUS, NEREIDA  
Address: 13044 44TH PLACE N.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCISCO MONZON

O

03/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date