



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90038 016 ****70.00

DOCUMENT # N97000006865 1. Entity Name TIERRA PROMETIDA IGLESIA DEL NAZARENO INC					
Principal Place of Business 5503 N. HIAWASSEE RD. ORLANDO, FL 32818			Mailing Address P.O. BOX 682060 ORLANDO, FL 32868		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3158302	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, ANGEL M 5503 N. HIAWASSEE RD. ORLANDO, FL 32818				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, WILFREDO 3012 LOGGER CT ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MILENA 524 SANTIAGO AVE ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, FRANCISCO 5903 LEMOS CT ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, IRMA I 5903 LEMOS CT. ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ARIUSKA 9460 TURKEY OAK RD ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, ANGEL M 9460 TURKEY OAK RD. ORLANDO, FL 32817	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rodriguez, Francisco 5903 Lemos Ct. Orlando, FL 32808				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S David-Guzman, Grissel 2427 Fabry Cir. Orlando, FL 32817				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rivera, Erika 2341 Econ Cir. Apt. 311 Orlando, FL 32817				
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 677, 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: <u>Francisco Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 4/16/08 407.668.0821 </div> <small>Date Daytime Phone #</small>					