2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N98000000498

Entity Name: IGLESIA PENTECOSTAL REDIMIDOS POR CRISTO, INC.

Current Principal Place of Business:

11451 NE HWY 27 ALT.
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

12551 NE 60TH STREET
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 59-3508023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, LUIS
11549 NE 62 LANE
BRONSON, FL 32621 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: PD ( ) Delete
Name: ORTIZ, IRIS M PASTOR
Address: 12551 NE 60 ST
City-St-Zip: WILLISTON, FL 32696

Title: S ( ) Delete
Name: FRIAS, ANA M
Address: 11464 NE 63 PL
City-St-Zip: BRONSON, FL 32621

Title: T ( ) Delete
Name: MARTINEZ, LUIS
Address: 11549 NE 62 LANE
City-St-Zip: BRONSON, FL 32621

Title: VD ( ) Delete
Name: ORTIZ, OMAR J
Address: 12551 NE 60TH ST.
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ORTIZ, IRIS M
Address: 12551 NE 60 ST
City-St-Zip: WILLISTON, FL 32696

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: IRIS M. ORTIZ PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date