


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000498	
1. Entity Name IGLESIA PENTECOSTAL REDIMIDOS POR CRISTO, INC.	

Principal Place of Business 11451 NE HWY 27 ALT. BRONSON, FL 32621	Mailing Address 12551 NE 60TH STREET WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3508023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LUIS T
11549 NE 62 LANE
BRONSON, FL 32621

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000913159
05/08/08-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, IRIS M 12551 NE 60 ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIAS, ANA M 11464 NE 63 PL BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, LUIS 11549 NE 62 LANE BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, OMAR J 12551 NE 60TH ST. WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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: Iris M. Ortiz - Iris M. Ortiz April 18, 2008 (352) 486-7034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #