

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000897

FILED
Feb 15, 2009
Secretary of State

Entity Name: "IGLESIA CRISTIANA FUENTE DE UNCION" INC.

Current Principal Place of Business:

705 S 14 STREET
HAINES CITY, FL 33844

New Principal Place of Business:

100 W. LAKE RUBY DR
WINTER HAVEN, FL 33884

Current Mailing Address:

PO BOX 3046
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 36-4218615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ELVIN
601 HERITAGE PARK CT
VALRICO, FL 33594 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: GONZALEZ, ELVIN
Address: 601 HERITAGE PARK CT
City-St-Zip: VALRICO, FL 33594

Title: O () Delete
Name: GONZALEZ, MIRIAM
Address: 601 HERITAGE PARK CT
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: ARROYO, RUTH
Address: 204 S 20 ST
City-St-Zip: HAINES CITY, FL 33844

Title: S () Delete
Name: RODRIGUEZ, EMILIA
Address: 1916 VERANO DRIVE APT A
City-St-Zip: HAINES CITY, FL 33844

Title: O () Delete
Name: CAPTAVILLA, ALBERT
Address: 12846 BIG SUR DR
City-St-Zip: TAMPA, FL 33625

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
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: CAPDEVILA, ALBERT
Address: 12846 BIG SUR DR
City-St-Zip: TAMPA, FL 33625

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: ELVIN GONZALEZ

P

02/15/2009

Electronic Signature of Signing Officer or Director

_____ Date