


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N98000003469</b><br>1. Entity Name<br><b>IGLESIA CRISTIANA CANDELERO DE ORO, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>4716 S ORANGE AVE<br/>ORLANDO FL 32806</b> | Mailing Address<br><b>4716 S ORANGE AVE<br/>ORLANDO FL 32806</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

|              |              |                                    |   |
|--------------|--------------|------------------------------------|---|
| City & State | City & State | 4. FEI Number<br><b>59-3514700</b> | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country   |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>RODRIGUEZ, JOSE R<br/>11 SILVER SWAN CT<br/>KISSIMMEE FL 34743</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|---|--|

|           |          |
|-----------|----------|
| <b>FL</b> | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | DIR <input type="checkbox"/> Delete |
| NAME                       | RODRIGUEZ, JOSE R                   |
| STREET ADDRESS             | 11 SILVER SWAN CT                   |
| CITY-ST-ZIP                | KISSIMMEE FL 34743-3811             |
| TITLE                      | DIR <input type="checkbox"/> Delete |
| NAME                       | NIEVES, INES                        |
| STREET ADDRESS             | 1542 SILVERSMITH PL                 |
| CITY-ST-ZIP                | ORLANDO FL 32818                    |
| TITLE                      | DIR <input type="checkbox"/> Delete |
| NAME                       | SERRANO, JOSE A                     |
| STREET ADDRESS             | 1117 SUMMER LAKES DR                |
| CITY-ST-ZIP                | ORLANDO FL 32835                    |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | RODRIGUEZ, RUBEN                    |
| STREET ADDRESS             | 6159 ROB BURG AVE                   |
| CITY-ST-ZIP                | ORLANDO FL 32809                    |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | U00000760600  |
| STREET ADDRESS  | 05/25/07-80019-018 61.25  |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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:** *Jose Rodriguez*

04/29/07 467-348-6183