

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2009  
Secretary of State**

DOCUMENT# N98000003687

Entity Name: IGLESIA CRISTO TE AMA INC.

**Current Principal Place of Business:**

1900 SR 64 W.  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

4221 CAPRI ST.  
SEBRING, FL 33872

**New Mailing Address:**

FEI Number: 59-3520824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, CANDIDO  
4221 CAPRI ST.  
SEBRING, FL 33872 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: T ( ) Delete  
Name: CARDONA, HILDA E  
Address: 2330 JACKSON HEIGHTS DR  
City-St-Zip: SEBRING, FL 33872

Title: T ( ) Delete  
Name: DE LA ROSA, MARIA T  
Address: 901 S FLORIDA AVE APT 17  
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete  
Name: GARCIA, CANDIDO REV  
Address: 4221 CAPRI ST  
City-St-Zip: SEBRING, FL 33872

Title: S ( ) Delete  
Name: MORALES, MYRNA  
Address: 11800 US 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

**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:

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: CANDIDO GARCIA

D

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date