

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000578

FILED
Apr 06, 2009
Secretary of State

Entity Name: IGLESIA MISIONERA ESLABON DE DIOS, INC.

Current Principal Place of Business:

2300 HOWLAND BLVD.
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6047
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-3570679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTOS, KELLY L
1260 SHERBROOK DRIVE
DELTONA, FL 32725 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: VPT () Delete
Name: HERNANDEZ, ANA REV
Address: 1018 NORWOOD DR.
City-St-Zip: DELTONA, FL 32725

Title: SUBT () Delete
Name: ROMERO, EVELYN
Address: 1260 SHERBROOK DR
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: CALDERON, ANA L
Address: 716 WATERFALL CIRCLE
City-St-Zip: DELTONA, FL 32725

Title: PD () Delete
Name: SANTOS, KELLY REV
Address: 1260 SHERBROOK DRIVE
City-St-Zip: DELTONA, FL 32725

Title: S () Delete
Name: LABOY, CARMEN
Address: 1260 SHERBROOK DR
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: CRISPIN, IRENE
Address: 1991 PRESCOTT BLVD
City-St-Zip: DELTONA, FL 32738

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
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City-St-Zip:

Title: () Change () Addition
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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: KELLY SANTOS

REV.

04/06/2009

Electronic Signature of Signing Officer or Director

Date