


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90021 037 ****61.25

DOCUMENT # N99000002910					
1. Entity Name IGLESIA DE CRISTO MISIONERA EL TABERNACULO, INC.					
Principal Place of Business 2609 LEZ LANE KISSIMMEE, FL 34744		Mailing Address 2609 LEZ LANE KISSIMMEE, FL 34744			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3626986	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIOS, VICTOR 2609 LEZ LANE KISSIMMEE, FL 34744			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 remaining)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIOS, VICTORS	NAME			
STREET ADDRESS	2609 LEZ LANE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERRANO, RUBEN	NAME			
STREET ADDRESS	407 SEA WILLOW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34747	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELIEZER, RIOS	NAME			
STREET ADDRESS	2609 1SY LANE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SERRADO, ZAIDA	NAME			
STREET ADDRESS	1008 BRACK STREET	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, NANCY	NAME			
STREET ADDRESS	2609 LIZ LANE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIOS, ANA DELIA	NAME			
STREET ADDRESS	2609 LIZ LANE	STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP			
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: <i>Victor Rios</i>		Date: 1/23/06		Daytime Phone #	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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