


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90109 001 \*\*\*\*61.75  
 01-22-2008 90109 002 \*\*\*\*\*8.75

<b>DOCUMENT # N99000002910</b>			
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 - No P.O. Box # <b>2490 Boggy Creek Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Kissimmee, FL</b>		City & State	
Zip <b>34744</b>	Country <b>U.S.A.</b>	Zip	Country
4. FEI Number <b>59-3626986</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent		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 Signature, typed or printed name of registered agent and title if applicable		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIOS, VICTORS 2609 LEZ LANE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rios, Victor 2609 Liz Lane Kissimmee, FL 34744 Address Correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SERRANO, RUBEN 407 SEA WILLOW DRIVE KISSIMMEE, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELIEZER, RIOS 2609 1SY LANE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rios, Eliezer 3622 Holden Dr. St. Cloud, FL 34712 Address change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SERRADO, ZAIDA 1008 BRACK STREET KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Serrano, zaida 2490 Boggy creek Rd. Kissimmee, FL 34744 Address change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEREZ, NANCY 2609 LIZ LANE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Figuera, Alex 2609 Liz Lane Kissimmee, FL 34744 Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIOS, ANA DELIA 2609 LIZ LANE KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Add
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: <u>Victor Rios</u>		Date: <u>Feb 27/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR		Date	

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01082008 Chg-NP CR2E037 (12/06)

Make check payable to Florida Department of State