

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003119

FILED
Apr 24, 2009
Secretary of State

Entity Name: IGLESIA PUERTA DE SALVACION, INC.

Current Principal Place of Business:

3007 NEW LIFE WAY
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1572
SEBRING, FL 33871

New Mailing Address:

3007 NEW LIFE WAY
SEBRING, FL 33872

FEI Number: 65-0922237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, JOSE A
4225 NAVARRE AVE.
SEBRING, FL 338722128 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: TD () Delete
Name: MOJICA, SARA
Address: 4429 ELSON AVENUE
City-St-Zip: SEBRING, FL 33875

Title: TD () Delete
Name: BAQUE, MARIO JR
Address: 2922 W. BARD ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: RIVERA, JOSE A
Address: 4225 NAVARRE AVENUE
City-St-Zip: SEBRING, FL 33872

Title: TD () Delete
Name: AVALOS, LUIS
Address: 4717 STAR AVENUE
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: MAGANA, DORIS
Address: 4071 THUNDERBIRD RD. 16
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CARRASCO, LESLY
Address: 1612 SHENANDOAH CT.
City-St-Zip: SEBRING, FL 33875

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: TD (X) Change () Addition
Name: TORRES, HERNAN
Address: 117 STEPHANIE LN.
City-St-Zip: SEBRING, FL 33870

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: JOSE A. RIVERA

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date