2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003190

OAKLAND PARK, FL 33309

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

				,	
Entity Nar	ne: IGLESIA	CRISTIANA JOSUE, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	of Business:	
	W OAKLAND IDERDALE, F				
Current M	ailing Addres	ss:	New Mailing Address	5:	
PO BOX 450273 SUNRISE, FL 33351			PO BOX 450273 SUNRISE, FL 33345		
FEI Number:	65-0931147	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
CALLES, F 3050 LA M LAUDERH) US			
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CALLES, RICA 3050 LA MIRAG LAUDERHILL,	GE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (CASTRO, ROS 350 E. RIVERE SUNRISE, FL	BEND DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CASCO, OSWA) Delete ALDO ND FOREST DR. 205	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: OSWALDO CASCO T 04/27/2009