

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

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005298**

1. Entity Name  
IGLESIA MISION CARISMATICA INTERNACIONAL, INC.



Principal Place of Business  
1490 N FLAMINGO RD.  
PLANTATION, FL 33323

Mailing Address  
1490 N FLAMINGO RD.  
PLANTATION, FL 33323



04262008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0953798

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAAD, WILLIAM  
13729 NW 18 ST  
PEMBROKE PINES, FL 33028

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PROENCA, ELIMERSON  
STREET ADDRESS 16400 COLLINS AVE 1746  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE D  
NAME RODRIGUEZ, CLAUDIA  
STREET ADDRESS 16400 COLLINS AVE., APT 1746  
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE D  
NAME MARTINEZ, NIEVES DEL  
STREET ADDRESS 2385 N.E. 184TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33160

TITLE D  
NAME IPARRAGUIRRE, ANTHONY  
STREET ADDRESS 1155 FAIRFAX LANE  
CITY-ST-ZIP WESTON, FL 33326

TITLE D  
NAME RODRIGUEZ, LILIANA  
STREET ADDRESS 13729 NW 18 STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE S  
NAME RAAD, WILLIAM  
STREET ADDRESS 13729 NW 18TH STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33028

U00000345905  
05/30/08-80027-008 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM RAAD  
SECRETARY

04/25/08 (954) 924-6365

Date

Daytime Phone #