2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062311

Name:

Address:

City-St-Zip:

GOMEZ, HECTOR I

1505 HUNDALE ST.

LEHIGH ACRES, FL 33936

FILED Jun 26, 2009 Secretary of State

Entity Nar	ne: IGLESI	A BAUTISTA EL BUEN F	PASTOR, LEHIGH	HACRES, IN	NC.		
Current Principal Place of Business:				New Principal Place of Business:			
	AND HEIGH CRES, FL 3						
Current Mailing Address:				New Mailing Address:			
PO BOX 50 LEHIGH A	05 CRES, FL 3	39700505					
FEI Number:	65-0942085	FEI Number Applied Fo	or () FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SANCHEZ, JUAN N 1200 BROAD STREET, W SUITE I-20 LEHIGH ACRES, FL 33936 US				SANCHEZ, JUAN N 320 INWOOD AVE. S LEHIGH ACRES, FL 33936 US			
	named entit e of Florida.	y submits this statement	for the purpose o	of changing i	ts registere	d office or registered agent, or both,	
SIGNATURE:				06/26/2009			
	npaign Financ	onic Signature of Registe	_			Date	
	S AND DIRE				IS/CHANGI	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GONZALEZ, 516 SHADYS			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SANCHEZ, J 1200 BROAE	() Delete UAN N) ST. W. STE I-20 :ES, FL 33936		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	D	() Delete		Title:	D	(X) 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 607, Florida Statutes; and that my name appears above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GOMEZ, HECTOR I

1505 HUNDALE ST. E

LEHIGH ACRES, FL 33936

SIGNATURE: JUAN N SANCHEZ D 06/26/2009