

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005667

FILED
Apr 25, 2007
Secretary of State

Entity Name: IGLESIA REFUGIO DE AMOR - ASAMBLEAS DE DIOS, CLERMONT, FLORIDA, INC.

Current Principal Place of Business:

901 BLOXAM AV
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 120482
CLERMONT, FL 34711

New Mailing Address:

11735 OSWALT ROAD
CLERMONT, FL 34711

FEI Number: 32-0044363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYMPHORIEN, FRANCISCO G
11735 OSWALT RD.
CLERMONT, FL 34711 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: VD () Delete
Name: SYMPHORIEN, LICILIA M
Address: 11735 OSWALT RD
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: RODRIGUEZ, AHIMELEC
Address: 13238 MOONFLOWER CT.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SYMPHORIEN, ELY F
Address: 13238 MOONFLOWER CT.
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: SYMPHORIEN, FRANCISCO F
Address: 11735 OSWALT RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SYMPHORIEN, LICILIA M
Address: 11735 OSWALT RD
City-St-Zip: CLERMONT, FL 34711

Title: SEC (X) Change () Addition
Name: RODRIGUEZ, AHIMELEC
Address: 13238 MOONFLOWER CT.
City-St-Zip: CLERMONT, FL 34711

Title: TRES (X) Change () Addition
Name: SYMPHORIEN, ELY F
Address: 13238 MOONFLOWER CT.
City-St-Zip: CLERMONT, FL 34711

Title: PRES (X) Change () Addition
Name: SYMPHORIEN, FRANCISCO F
Address: 11735 OSWALT RD
City-St-Zip: CLERMONT, FL 34711

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: FRANCISCO SYMPHORIEN

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date