

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90048 013 ****61.25

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DOCUMENT # N02000006623

1. Entity Name

IGLESIA DE DIOS EL SHADDAI IN LUTZ, INC.



Principal Place of Business

**15115 N. 19TH ST
LUTZ FL 33549**

Mailing Address

**15115 N. 19TH ST
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-00-227414-55C

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SERRANO, DAVID
8505 CALEDESI ISLAND DR
TAMPA FL 33637**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *David Serrano Jr.*
Signature, typed or printed name of registered agent and title if applicable.

David Serrano, Jr.
(NOTE: Registered Agent signature required when reinstating)

7-13-03.
DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SERRANO, DAVID	
STREET ADDRESS	8505 CALEDESI ISLAND DR	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTOS, ANGEL J	
STREET ADDRESS	400 E HARRISON ST #1309	
CITY-ST-ZIP	TAMPA FL-33602-3448	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCANO, ALFONSO	
STREET ADDRESS	7606 LEON AVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, SR, DAVID	
STREET ADDRESS	8514 HIALEAH RD	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERSAN CANELAS	
STREET ADDRESS	10464 BLACKMORE DRIVE	
CITY-ST-ZIP	TAMPA, FLORIDA 33647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSMAN RODRIGUEZ	
STREET ADDRESS	1250 SKIPPER RD. APT. #256	
CITY-ST-ZIP	TAMPA, FL 33643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jesus Santos, Jr (ST)* July 13, 2003 (813) 228-0547

CR2E037 (4/03)