

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90008 032 \*\*\*\*66.25

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<b>DOCUMENT # N02000007695</b>			
1. Entity Name IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.			
Principal Place of Business 6316 SAN JUAN AVENUE #25 JACKSONVILLE, FL 32210		Mailing Address 6316 SAN JUAN AVENUE #25 JACKSONVILLE, FL 32210	
2. Principal Place of Business Iglesia de Dios JA Suite, Apt. #, etc. 6007 Seaboard Ave.		3. Mailing Address 6007 Seaboard Ave Suite, Apt. #, etc.	
City & State JAX, FL		City & State JAX, FL	
Zip 32244	Country FL	Zip 32244	Country FL
4. FEI Number 59-0766968		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MIRANDA, FABIAN 2025 SHANNON LAKES COURT KISSIMMEE, FL 34741		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: <i>Fabian Miranda</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, FABIAN 2025 SHANNON LAKES COURT KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susana Aporte 5202 La Ventura Dr Apt 4103 JAX, FL 32210 <input type="checkbox"/> Change <input type="checkbox"/> Addition OFFICER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMOS/DIAZ, EVELYN 6034 DAVON ST JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rinaldo Vargas 1903 La Trac Dr JAX, FL 32221 <input type="checkbox"/> Change <input type="checkbox"/> Addition (OFFICER)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORRERO, HERIBERTO 6420 HANNAH ESTABLE DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Omar Conde 1191 South Lane Av. Apt 1510 JAX, FL 32205 <input type="checkbox"/> Change <input type="checkbox"/> Addition (OFFICER)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORRERO, CARMEN 6420 HANNAH ESTABLE DR. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maria Alarcon 7521 Propina Rd. JAX, FL 32210 <input type="checkbox"/> Delete OFFICER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gloria Bugas 8559 Old Kings Rd S #509 JAX, FL 32205 <input type="checkbox"/> Delete (OFFICER)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 817, 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: <i>Fabian Miranda</i>		Date 904-777-8267	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



ATTACHMENT

66006279

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.  
6007 SEABOARD AVE  
JACKSONVILLE, FL 32244

Subject: IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.

Reference Number: N02000007695

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$66.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION