
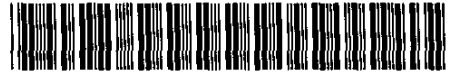


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2004 OCT 8 AM 10:58

<b>DOCUMENT # N03000002024</b> 1. Entity Name <b>IGLESIA DE DIOS PUERTA DEL CIELO IN LAKE WORTH, INC.</b>					
Principal Place of Business 709 N. "F" STREET LAKE WORTH FL 33460		Mailing Address 709 N. "F" STREET LAKE WORTH FL 33460			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  -- BETANCOURT, CARLOS J 713 N "F" STREET LAKE WORTH FL 33460			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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: <u>Carlos J. Betancourt</u> <span style="float: right;">9/21/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 8, 2004</b> <i>Oct 10 2004</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, CARLOS J 713 N "F" STREET LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041710309 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/08/04--01033--002 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, RAMON 3365 ORANGE STREET BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberto Araya <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5786 Eddy CT. Lake worth, FL 33463		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONCEPCION, JUAN 3201 ORANGE STREET BOYNTON BEACH FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fausto Guifarro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5441 Huddle Hill Rd. Lake worth, FL 33463		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, RAFAEL 5182 SHERMAN ROAD WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramona Vazquez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 Springdale Blvd. 3A Lake worth, FL 33460		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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 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: <u>Carlos J. Betancourt</u>		Date: <u>21/04</u>		Daytime Phone #: <u>(561) 540-8386</u>	



MOORE CR2E037 (4/04)

10/11