


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

05-06-2005 90093 033 \*\*\*\*61.25  
N03000002024

**DOCUMENT # N03000002024**

1. Entity Name  
**IGLESIA DE DIOS PUERTA DEL CIELO IN LAKE WORTH, INC.**



05 JUL 13 PM 2:47  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
709 N. "F" STREET      709 N. "F" STREET  
LAKE WORTH FL 33460      LAKE WORTH FL 33460

2. Principal Place of Business      3. Mailing Address  
Suits, Apt. #, etc.      Suits, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FB Number **36-2465844**      Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

1st MOORE      CR2E037 (10/04)

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      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: Carlos J. Betancourt  
Signature, typed or printed name of registered agent and title if applicable      (PHOT) Registered Agent signature required when returning      DATE

FILE NUMBER: **19 46125**      Due By: **May 1, 2005**  
9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees      Make Check Payable to Florida Department of State

TO REMOVE AND REVERT TO		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>BETANCOURT, CARLOS J 713 N "F" STREET LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>ARAYO, ROBERTO 6704 CIVVY CT LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>GLIFARRIO, FAUSTO 5441 MARALE HILL RD LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VAZQUEZ, RAMONA 2200 SPRINGDALE BLVD., 3-A LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information provided with this filing is true and accurate for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information provided on this report is true and accurate for the exemption stated in Section 119.07(3)(f), Florida Statutes. I am an officer or director of the corporation, or an individual with an address, with or without power of attorney.

SIGNATURE: Carlos J. Betancourt      4/3/05      561-599-3847