


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

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N03000009454 1. Entity Name IGLESIA CRISTIANA SENDERO DE AMOR, INC. |  |
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| Principal Place of Business 2305 MACE ST. WINTER RUN I ORLANDO FL 32839 US | Mailing Address 2305 MACE ST. WINTER RUN I ORLANDO FL 32839 US |
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1st MOORE CR2E037 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | |
|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|

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| 4. FEI Number 01-0811824 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SANTIAGO, IRIS 2305 MACE ST. WINTER RUN I ORLANDO FL 32839 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE | (NOTE: Registered Agent signature required when re-registering) | DATE |
|-----------|---|------|

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | <input type="checkbox"/> Delete P SANTIAGO, IRIS 2305 MACE ST., WINTER RUN I ORLANDO FL 32839 |
| NAME | <input type="checkbox"/> Delete VP PENALOZA, ROCIO 5176 LA MANCHA CT. ORLANDO FL 32822 |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |
| CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000226567 02/12/05-80020-013 61.25 |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

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| SIGNATURE:  | 2/3/05 (407) 737 4858 Date Daytime Phone # |
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