2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004867

FILED Aug 27, 2007 Secretary of State

Entity Name: IGLESIA DE CRISTO SENDERO DE ESPERANZA, CORP

Current Principal Place of Business: New Principal Place of Business:

18445 IRIS ROAD 2801 11TH. ST. W.

FORT MYERS, FL 33912 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

18445 IRIS ROAD 2801 11 TH. ST. W.

FORT MYERS, FL 33912 LEHIGH ACRES, FL 33971

FEI Number: 20-1673485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LICARDIE ARMAS, CAMILO A

4858 24TH SW. 2801 11 TH. ST. W

2801 11 TH. ST. W

LEHIGH ACRES, FL 33971 US LEHIGH ACRES, FL 33971 US

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.

SIGNATURE: 08/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 LICARDIE SOTO, CAMILO R
 Name:
 LICARDIE SOTO, CAMILO R

 Address:
 18487 E SHORE DR
 Address:
 2801 11 TH. ST. W.

 City-St-Zip:
 FT MYERS, FL 33912
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: SD () Delete Title: () Change () Addition

 Name:
 LOPEZ, ALEJANDRO
 Name:

 Address:
 9124 CYPRESS DR., NORTH
 Address:

 City-St-Zip:
 FT MYERS, FL 33912
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: LICARDIE ARMAS, CAMILO A Name: LICARDIE ARMAS, CAMILO A

Address: 4858 24TH SW. Address: 2801 11TH. ST. W

City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILO LICARDIE DIRE 08/27/2007