


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006142

1. Entity Name
INSTITUTO BIBLICO MINISTERIAL IGLESIA DE DIOS IN LAKE WORTH, INC.



Principal Place of Business 713 N 'F' ST LAKE WORTH, FL 34460	Mailing Address 713 N 'F' ST LAKE WORTH, FL 34460
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0096354	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONCEPCION, JUAN
 3247 ORANGE ST
 BOYNTON BCH, FL 33435

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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONCEPCION, JUAN 3247 ORANGE ST BOYNTON BCH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT, CARLOS J 1318 TROPICAL DR LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, SAMUEL 7321 NAUTICA WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/08-80090-006 61.25

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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 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: Juan A. Cepin **02-4-08** **(561) 585-8339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #