


2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000167

1. Entity Name
IGLESIA PLAN DE DIOS, INC.



FILED

10 JUN -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2390 S W 60 WAY
MIRAMAR, FL 33023

Mailing Address
2390 S W 60 WAY
MIRAMAR, FL 33023



2. Principal Place of Business - No P.O. Box #
2390 SW 60 way

3. Mailing Address
2390 SW 60 way

Suite, Apt. #, etc.

05072010 Chg-NP CR2E037 (11/08)

City & State
Miramar FL

City & State
Miramar FL

Zip
33023

Country

4. FEI Number
20-2103526

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENIT, BORJA
2390 S W 60 WAY
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name
Enit Borja

Street Address (P.O. Box Number is Not Acceptable)
2390 SW 60 way

City
Miramar

FL

Zip Code
33023

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 *Enit Borja* DATE *05-21-2010*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

**Filing Fee is \$61.25
Due by September 24, 2010**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVARO, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENIT, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARO, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENIT, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, BORJA 2390 S W 60 WAY MIRAMAR, FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500180836325 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/10/10--01032--017 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ad</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Alvaro Borja* DATE: *05-21-2010*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR