

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000578

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** IGLESIA MISIONERA SOMOS UNO EN JESUCRISTO, INC.

**Current Principal Place of Business:**

6680 NW SELVITZ RD  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

1223 DELAWARE AVE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

160 SE PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 13-3984162      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUTIERREZ, MARIA  
160 PRIMA VISTA BLVD  
PORT ST LUCIE, FL 34983      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GUTIERREZ, MARIA PASTOR  
Address: 160 PRIMA VISTA BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T      ( ) Delete  
Name: ALARDO, ALBANIA  
Address: 2398 SE NEW CASTLE TER  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S      ( ) Delete  
Name: GUTIERREZ, OMALI  
Address: 2705 SE KERN RD  
City-St-Zip: PORT ST LUCIE, FL 34984

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA GUTIERREZ

P

04/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date