

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007912

FILED
Mar 17, 2006
Secretary of State

Entity Name: IGLESIA DE DIOS DE LA PROFECIA LUGAR DE REFUGIO, INC.

Current Principal Place of Business:

14537 LAKE AVE
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

14537 LAKE AVE
DOVER, FL 33527

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, ALONSO
8718 N OLA AVE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MENDEZ, ALONSO
7510 TURKEY CREEK RD
PLANT CITY, FL 33567 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: ALONSO MENDEZ

03/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDEZ, ALONSO
Address: 14537 LAKE AVE
City-St-Zip: DOVER, FL 33527

Title: S () Delete
Name: RUIZ, BLANCA
Address: 14537 LAKE AVE
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: DANIEL, ELIAS
Address: 14537 LAKE AVE
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: MENDEZ, LIDIA
Address: 8718 N OLA AVE
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: FLORES, BERTA
Address: 319 ORANGE LANE
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: JAHUEY, RUFINO
Address: 14219 GRAND ST
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: FLORES, BERTA
Address: 319 ORANGE LANE
City-St-Zip: TAMPA, FL 33610

Title: T (X) Change () Addition
Name: EDWARD, LUZ
Address: 14537 LAKE AVE
City-St-Zip: DOVER, FL 33527

Title: T (X) Change () Addition
Name: MENDEZ, LIDIA
Address: 7510 TURKEY CREEK RD
City-St-Zip: PLANT CITY, FL 33567

Title: T (X) Change () Addition
Name: ALONSO, MIGUEL
Address: 10008 E FOWLER AVE
City-St-Zip: THOTONOSSASA, FL 33592

Title: T (X) Change () Addition
Name: SANCHEZ, ROSA
Address: 10008 E FOWLER AVE
City-St-Zip: THOTONOSSASSA, FL 33592

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: LIDIA MENDEZ

D

03/17/2006

Electronic Signature of Signing Officer or Director

Date