

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010952

FILED
Jul 18, 2007
Secretary of State

Entity Name: CHURCH OF GOD WORLD MISSIONS HISPANIC CARIBBEAN OFFICE, INC

Current Principal Place of Business:

17200 NW 17TH AVE.
CUIDAD DE MIAMI GARDEN, FL 33056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260452
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-5686733 **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:

RINCON, ANDRES E
2203 SW 104TH AVE.
MIRAMAR, FL 33025 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: P () Delete
Name: RINCON, ANDRES E
Address: P.O. BOX 260452
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: RAMOS, JOSE R
Address: P.O. BOX 260452
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT () Delete
Name: GUADALUPE, JORGE
Address: P.O. BOX 260452
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: VALDEZ, IDA N
Address: P.O. BOX 260452
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PEÑA, ANGEL A
Address: P.O. BOX 260452
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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 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: ANDRES E RINCON

P

07/18/2007

Electronic Signature of Signing Officer or Director

_____ Date