2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N93000000750

Entity Name: CENTRO CRISTIANO LATINOAMERICANO GETSEMANI ASAMBLEAS DE DIOS OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:

404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3164570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, RAMON J
404 NW 14TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

LOPEZ, CARLOS M
404 NW 14TH AVENUE
GAINESVILLE, FL 32601 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: CARLOS M. LOPEZ 02/22/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROJAS, RAMON J
Address: 404 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: LUVIS, EUNICE
Address: 515 SW LONG LEAF DR
City-St-Zip: LAKE CITY, FL 32024

Title: TD ( ) Delete
Name: MENDEZ, CARMEN
Address: 8333 NW 36 AVE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, CARLOS M
Address: 404 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD (X) Change ( ) Addition
Name: MENDEZ, CARMEN
Address: 8333 NW 36 AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD (X) Change ( ) Addition
Name: LUVIS, EUNICE
Address: 515 SW LONG LEAF DRIVE
City-St-Zip: LAKE CITY, FL 32024

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: CARLOS M. LOPEZ PD 02/22/2007
Electronic Signature of Signing Officer or Director Date