

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000831

FILED
Mar 14, 2007
Secretary of State

Entity Name: IGLESIA MISIONERA MUNDIAL, INC.

Current Principal Place of Business:

217 E AZTEC AVE
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1867
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0397182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, H. G
2014 4TH ST.
SARASOTA, FL 34237 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: PD () Delete
Name: RIVIERA, RAUL
Address: RT 1 BOX 31 A
City-St-Zip: CLEWISTON, FL

Title: TD () Delete
Name: PERERA, MIGUEL A
Address: 413 W CRESCENT DR
City-St-Zip: CLEWISTON, FL

Title: VD () Delete
Name: RIVERA, ANTONIO SR
Address: 428 W VENTURA AVE
City-St-Zip: CLEWISTON, FL 33440

Title: SD () Delete
Name: RIVERA, GENEL L
Address: RT 1 BOX 31 A
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: CERDA, BALTAZAR
Address: TWIN LAKE TRAIL PARK LOT 72
City-St-Zip: CLEWISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: MIGUEL A PERERA

TD

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date