2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003403

FILED Jan 21, 2008 Secretary of State

Entity Name: THE HISPANIC CHURCH OF GOD (SEVENTH DAY), INC.

Current Principal Place of Business: New Principal Place of Business:

HISPANIC CHURCH OF GOD (SEVENTH DAY) 113 SOUTH FIRST ST HAINES CITY, FL 33844

Current Mailing Address: New Mailing Address:

P O BOX 1074 HAINES CITY, FL 33845

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

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

MORA, MARIO
490 PEPPERMILL CIRCLE
KISSIMMEE, FL 34758 US

MORA, MARIO
575 LIVE OAK
APT#1208

ISSIMMEE, FL 34758 US APT#1208 HAINES CITY, FL 33844 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: 01/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PRES (X) Change () Addition

 Name:
 BRITO, PEDRO
 Name:
 BRITO, ELIU

 Address:
 116 S 4TH STREET
 Address:
 2367 CREST DR

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

Title: VD () Delete Title: VI P (X) Change () Addition Name: MARTINEZ, POMPEYO Name: BRITO, PEDRO

 Address:
 1018 NORMA AVE
 Address:
 116 S 4TH ST

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

Title: SD () Delete Title: TES (X) Change () Addition

 Name:
 SANTANA, SAUL
 Name:
 POMPEYO, MARTINEZ

 Address:
 2125 E JOHNSON AVE APT 2
 Address:
 1018 NORMA AVE

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 HAINES CITY, FL 33844

Title: TD () Delete Title: 2TES (X) Change () Addition

 Name:
 BRITO, ELIU
 Name:
 JAIME, REYES

 Address:
 2367 CREST DR
 Address:
 89 LAKE GORDON DRIVE

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:
 LAKE HAMILTON, FL 33851

Title: D (X) Delete Title: () Change () Addition

 Name:
 BAUTISTA, SAMUEL
 Name:

 Address:
 143 PENINSULAR AVE
 Address:

 City-St-Zip:
 HAINES CITY, FL 33844
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 REYES, JAIME
 Name:

 Address:
 PO BOX 403
 Address:

 City-St-Zip:
 LAKE HAMILTON, FL 33851
 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: ELIU BRITO PRES 01/21/2008