

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007055

FILED  
Apr 14, 2007  
Secretary of State

**Entity Name:** IGLESIA LINAJE ESCOGIDO ASAMBLEAS DE DIOS, HAINES CITY, FLORIDA, INC.

**Current Principal Place of Business:**

4610 FALCON AVE.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

4610 FALCON AVE.  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 20-5042094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESPADA, FELIX E  
4610 FALCON AVE.  
KISSIMMEE, FL 34746 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: ESPADA, FELIX E  
Address: 4610 FALCON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete  
Name: ESPADA, JUANITA  
Address: 4610 FALCON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: RODRIGUEZ, XIOMARA  
Address: 135 COUNTRY CLUB CIRCLE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: HERNANDEZ, DIANA J  
Address: 4610 FALCON AVE  
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Change ( ) Addition  
Name: CRUZ, MARIA E  
Address: 1008 RONLIN AVE  
City-St-Zip: HAINES CITY, FL 33844

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: FELIX E ESPADA

P

04/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date