2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Sep 06, 2006 08:00 AN Secretary of State **DOCUMENT # 727792** 1. Entity Name IGLESIA DE DIOS HISPANA DEL GRAN MIAMI -INCORPORATED Principal Place of Business Mailing Address 3163 N.W. 26TH STREET P O BOX 970297 **MIAMI FL 33142** MIAMI FL 33197-0297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State 4. FEI Number Applied For City & State 59-1953127 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GRIZZELL, ANTONIO Strest Address (P.O. Box Number is Not Acceptable) 11900 S W 182 TERRACE MIAMI FL 33177 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THLE Delete TITLE Change Addition GRIZZEL, ANTONIO NAME NAME U00000576223 11900 S W 182ND TERRACE STREET ADDRESS STREET ADDRESS 09/06/08-80002-013 61.25 MIAMI FL CITY - ST- ZIP CITY-ST VCD THLE □ Delete TITLE ☐ Change Addition GRIZZEL, RAQUEL NAME NAME UNDONOCZESS 11900 S W 182ND TERRACE STREET ADDRESS STREET ADDRESS 09/06/06-80002-014 8.75 MIAMI FL CITY-ST-ZIP CITY ST - ZIP M-----☐ Delēte Change TITLE TOTLE Addition RODRIGUEZ, WILLIAM NAME NAME 11900 SW 182 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM! FL 33177 CITY-ST-ZIP ☐ Delete Change Addition TITLE GOMEZ, CARMEN 11900 S W 182ND, TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY ST - 7IP CITY - ST - 7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

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an address, with all other like empowered.

SIGNATURE: