

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90025 023 \*\*\*\*61.25

**DOCUMENT # 727792**

1. Entity Name

IGLESIA DE DIOS HISPANA DEL GRAN MIAMI  
INCORPORATED



Principal Place of Business

3163 N.W. 26TH STREET  
MIAMI FL 33142

Mailing Address

P O BOX 970297  
MIAMI FL 33197-0297

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1953127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIZZELL, ANTONIO  
11900 S W 182 TERRACE  
MIAMI FL 33177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GRIZZELL, ANTONIO  
STREET ADDRESS 11900 S W 182ND TERRACE  
CITY-STATE-ZIP MIAMI FL

TITLE VCD ☐ Delete  
NAME GRIZZELL, RAQUEL  
STREET ADDRESS 11900 S W 182ND TERRACE  
CITY-STATE-ZIP MIAMI FL

TITLE M ☐ Delete  
NAME RODRIGUEZ, WILLIAM  
STREET ADDRESS 11900 SW 182 TERRACE  
CITY-STATE-ZIP MIAMI FL 33177

TITLE ST ☒ Delete  
NAME GOMEZ, CARMEN  
STREET ADDRESS 11900 S W 182ND TERRACE  
CITY-STATE-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ST ☐ Change ☒ Addition  
NAME Rodriguez, Flor L.  
STREET ADDRESS 11900 SW 182ND TERRACE  
CITY-STATE-ZIP MIAMI, FL 33177

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Rodriguez* WILLIAM RODRIGUEZ

4/30/07

(305) 588-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #