2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 758677

Entity Name: "ROSA DE SARON" ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

13235 PALM BCH. BLVD.
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 50204
FT. MYERS, FL 33994 US

New Mailing Address:

13235 PALM BEACH BLVD
FT. MYERS, FL 33905 US

FEI Number: 65-1097271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELICIANO, JIMIRO
13843 MATANZAS DRIVE
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

FELICIANO, JIMIRO
3279 HAMPTON BLVD
ALVA, FL 33920 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: ELGA COMELLAS 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FELICIANO, JIMIRO
Address: 13843 MATANZAS DR.
City-St-Zip: FT. MYERS, FL

Title: VP ( ) Delete
Name: FELICIANO, LUCY REV
Address: 13843 MATANZAS DR
City-St-Zip: FT MYERS, FL 33905

Title: S ( ) Delete
Name: RIVERA, DORIS R
Address: 2238 CALADIUM RD.
City-St-Zip: FORT MYERS, FL 33905

Title: TD ( ) Delete
Name: NIEVES, ZORAIDA
Address: 603 N. MARVIN
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete
Name: COMELLAS, ELGA REV
Address: 13833 THIRD STREET
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FELICIANO, JIMIRO DR.
Address: 3279 HAMPTON
City-St-Zip: ALVA, FL 33920

Title: VP (X) Change ( ) Addition
Name: FELICIANO, LUCY REV
Address: 3279 HAMPTON BLVD
City-St-Zip: FT MYERS, FL 33920

Title: ( ) Change ( ) Addition
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 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: ELGA COMELLAS ADM 04/22/2008
Electronic Signature of Signing Officer or Director Date