

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767338

FILED
Feb 14, 2006
Secretary of State

Entity Name: IGLESIA EVANGELICA MENONITA ARCAS DE SALVACION, INC.

Current Principal Place of Business:

126 CATALINA STREET
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

PO BOX 50058
FORT MYERS, FL 33994 US

New Mailing Address:

FEI Number: 30-0049956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALDONADO, DAVID
14750 HOMESTEAD ROAD
LEHIGH ACRES, FL 33971 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: PD () Delete
Name: MALDONADO, DAVID
Address: 14750 HOMESTEAD ROAD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: PACHECO, ARMANDO
Address: 1409 SE 20TH PL
City-St-Zip: CAPE CORAL, FL 33990

Title: S () Delete
Name: ESTEVE, EDUARDO A
Address: 420 ALABAMA RD S
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T () Delete
Name: ALAVARADO, BERTHA A
Address: 2118 STELLA STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ESTEVE, SYLVIA M
Address: 420 ALABAMA RD S
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: MALDONADO, MADELINE
Address: 14750 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PACHECO, ARMANDO
Address: 5400 BERRYMAN ST
City-St-Zip: LEHIGH ACRES, FL 33971

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

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

Title: D (X) Change () Addition
Name: MALDONADO, NORMA
Address: 1322 ELLENDALE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936

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

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: DAVID MALDONADO

PD

02/14/2006

Electronic Signature of Signing Officer or Director

Date