2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment withyan address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # F00000005702 1. Entity Name 04-19-2004 90404 038 ****61.25 IGLESIA MARANATHA I, INC. Principal Place of Business Mailing Address 1315 HOMESTEAD P.O. BOX 1077 LEHIGH ACRE FL 33970 UNITE LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 38-2379988 Not Applicable Zip Country Country Zip \$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 المنصف والمراجع والمراجع والمراجع والمنطوع المنطوع المنطوع المنطوع والمنطوع والمنط والمنطوع والمنط والمنطوع والمنطوع والمنطوع والمنطوع وال . · · o. 32€3 SANTOS, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 2507 3RD STREET EAST LEHIGH ACRES FL 33972 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. 3. P SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE [7] Change ☐ Addition SANTOS, FERNANDO NAME NAME 200 E 5TH ST, P.O. BOX 1077 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition SANTOS, YOLANDA NAME 200 E 5TH ST, P.O. BOX 1077 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition SANTOS, JONATHON NAME NAME 200 E:5TH ST, P.O. BOX:1077~~ STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SANTOS, CALEB NAME NAME 200 E 5TH ST, P.O. BOX 1077 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NIEVES, NIVEA NAME NAME 3100 E 3RD STREET STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE : Change ■ Addition TITLE LOPEZ, JESUS NAME 3100 E 3RD STREET STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED