2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000816

FILED Jul 09, 2006 Secretary of State

Entity Name: IGLESIA EL FARO ASAMBLEAS DE DIOS OF TAMPA, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 7043 W. HILLSBOROUGH AVENUE TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 7043 W. HILLSBOROUGH AVENUE TAMPA, FL 33634 FEI Number: 59-3628983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROJAS, LAZARO W ROJAS, LAZARO W 5301 SÓUTHWICK DR. 1640 VILLA CAPRI CIR. TAMPA, FL 33624 208 ODESA, FL 33556 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: LAZARO W ROJAS 07/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CONTRERAS, ABIGAIL Name: Name: 7000 N COARSEY DR. Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: Title: DPAS () Delete Title: **DPAS** (X) Change () Addition Name: ROJAS, LAZARO W Name: ROJAS, LAZARO W Address: 5301 SOUTHWICK DR. Address: 1640 VILLA CAPRI CIR. APT. 208 City-St-Zip: TAMPA, FL 33624 City-St-Zip: ODESA, FL 33556 Title: () Delete Title: () Change () Addition GASTON, MARIA Name: Name: 9211 DALWOOD CT. Address: Address: City-St-Zip: TAMPA, FL 33615 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: ABIGAIL CONTRERAS TD 07/09/2006