2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 07, 2008 08:00 AN Secretary of State DOCUMENT # N0000001419 1. Entity Name IGLESIA ENCUENTRO CON DIOS DE A/G INC. Principal Place of Business Mailing Address 112 S.E. 5TH AVE P.O. BOX 2311 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principa! Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE No: Applicable Zip Country Zip Country \$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 Name MILLAN, ROSARIO JR. Street Address (P.O. Box Number is Not Acceptable) 5200 SE 42ND STREET OKEECHOBEE FL 34974 City Z:p 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. U00000949605 96/03/08-80034-017 70.00 SIGNATURE Signature, typed or pratied name of registered agent and title. Lappi cable, (NOTE: Registered Again signature (or tred when roinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to: Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State wa kamarana a 46443184444 **OFFICERS AND DIRECTORS** 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delate TITLE Change MILLAN, ROSARIO JR. HAME NAME 5200 SE 42ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZP DITE ☐ Defate TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE MLE Change ☐ Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the receiver of 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: