

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001722

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** TABERNACULO DE VIDA ASAMBLEAS DE DIOS, INC.

**Current Principal Place of Business:**

2850 BILL BECK BLVD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 450566  
KISSIMMEE, FL 347450566

**New Mailing Address:**

**FEI Number:** 59-1935588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALAVE, SAMUEL  
1700 WEST CARROLL ST  
APT #2  
KISSIMMEE, FL 34741 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: P ( ) Delete  
Name: MALAVE, SAMUEL  
Address: 1700 WEST CARROLL ST APT #2  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: MALAVE, MYRNA  
Address: 1700 W CARROLL ST APT #2  
City-St-Zip: KISSIMMEE, FL 34741

Title: T ( ) Delete  
Name: VAZQUEZ, MARIA  
Address: 778 LEOPARD CT  
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete  
Name: VAZQUEZ, REYNALDO  
Address: 778 LEOPARD CT  
City-St-Zip: KISSIMMEE, FL 34759

Title: D ( ) Delete  
Name: MEDINA, JOSE  
Address: 11940 REEDY CRK RD APT 307  
City-St-Zip: ORLANDO, FL 32836

Title: TT ( ) Delete  
Name: RIVERA, MARTA TREAS  
Address: 1717 MICHIGAN AVE APT C  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: DR. SAMUEL MALAVE

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date