


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90002 035 ****70.00

DOCUMENT # N00000001722	
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1. Entity Name
TABERNACULO DE VIDA ASAMBLEAS DE DIOS, INC.

Principal Place of Business
2850 BILL BECK BLVD
KISSIMMEE, FL 34744

Mailing Address
P O BOX 450566
KISSIMMEE, FL 34745-0566

50001806



2. Principal Place of Business - No P.O. Box # 4636 West 192 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 450566 Suite, Apt. #, etc.
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08062007 Chg-NP CR2E037 (12/06)

City & State Kissimmee Florida	City & State Kissimmee
Zip 34741	Country U.S.A
Country U.S.A	Zip 34745-0566

4. FEI Number 59-1935588	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALAVE, SAMUEL
1700 WEST CARROLL ST
APT #2
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALAVE, SAMUEL 1700 WEST CARROLL ST APT #2 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALAVE, MYRNA 1700 W CARROLL ST APT #2 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, MARIA 778 LEOPARD CT KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, REYNALDO 778 LEOPARD CT KISSIMMEE, FL 34759 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, JOSE 11940 REEDY CRK RD APT 307 ORLANDO, FL 32836 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RIVERA, MARTA TREAS 1717 MICHIGAN AVE APT C KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Pelagio-Orellana, Brenda 1402 Amberwood Blvd. Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/07 407-791-1936
Date Daytime Phone #