2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001916

FILED May 03, 2006 Secretary of State

Entity Name: FARO DE LUZ INTERNACIONAL A MINISTRY OF CENTRO CRISTIANO LATINOAMERICANO

GETSEMANI ASAMBLEAS DE DIOS OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

404 NW 14 AVE

GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

404 NW 14 AVE

GAINESVILLE, FL 32601

FEI Number: 59-3164570 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, RAMON J LAJARA, IVAN E

3631 N W 19TH STREET

GAINESVILLE, FL 32605 US

3631 N W 19TH STREET

GAINESVILLE, FL 32605 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: IVAN LAJARA 05/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 ROJAS, RAMON J
 Name:
 LAJARA, IVAN E

 Address:
 3631 N W 19TH STREET
 Address:
 422 NW 14TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32601

Title: TD () Delete Title: TD (X) Change () Addition

Name: SIFONTES, JOSE J Name: SIFONTES, JOSE J

Address: 205 SW 75 ST. BLDG. 1 APT. Address: 205 SW 75 ST. BLDG. 1 APT. O City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SOSTRE, JOSE A
 Name:
 SOSTRE, JOSE A

 Address:
 5500 SW ARCHER RD. APT. D-204
 Address:
 5830 SW 8TH PLACE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32607

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: IVAN E LAJARA P 05/03/2006