

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000570

FILED  
Jul 25, 2007  
Secretary of State

Entity Name: IGLESIA JESUCRISTO FUENTE DE AMOR DE LA FLORIDA CENTRAL, INC.

**Current Principal Place of Business:**

MILL CREEK MALL 1324 E. VINE STREET  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

2017 PITCH WAY  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

FEI Number: 59-3710043      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:**

SALADIN, NANCY Z PASTOR  
2017 PITCH WAY  
KISSIMMEE, FL 34746 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: PSOD ( ) Delete  
Name: SALADIN, NANCY Z PASTOR  
Address: 2017 PITCH WAY  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: OD ( ) Delete  
Name: TRUJILLO, MARTHA  
Address: 509 MARICOPA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34759

Title: OD ( ) Delete  
Name: GALVEZ, SONIA  
Address: 1017 DAMPIERRE COURT  
City-St-Zip: KISSIMMEE, FL 34759

Title: OD ( ) Delete  
Name: SALADIN, MIGUEL A  
Address: 2017 PITCH WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: OD ( ) Change (X) Addition  
Name: CAMPBELL, YOCASTA I  
Address: 1126 LAVAUUR CT  
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify 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: NANCY SALADIN

PSOD

07/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date