


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90146 041 ****61.25

DOCUMENT # N00000007791	
1. Entity Name IGLESIA CASA DE ALABANZA DE OKEECHOBEE INC.	

Principal Place of Business 1781 NE 50 COURT OKEECHOBEE, FL 34972	Mailing Address 1781 NE 50 COURT OKEECHOBEE, FL 34972
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2. Principal Place of Business 1781 NE 50 court Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
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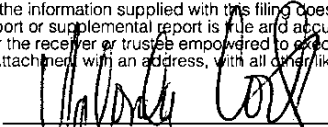
City & State Okeechobee Zip 34972	Country Okeechobee	City & State FL Zip 34972	Country
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6. Name and Address of Current Registered Agent CORTEZ, YOLANDA 1781 NE 50 COURT OKEECHOBEE, FL 34972		7. Name and Address of New Registered Agent Name: Cortez, Yolanda Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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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.	DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME CORTEZ, WOLFGANG STREET ADDRESS 1781 NE 50 COURT CITY-ST-ZIP OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CORTEZ, YOLANDA STREET ADDRESS 1781 NE 50 CT. CITY-ST-ZIP OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME FERMAINT, EDWIN STREET ADDRESS 1781 N.E. 50 COURT CITY-ST-ZIP OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME BARRETO, HOMERO STREET ADDRESS 1781 N.E. 50 COURT CITY-ST-ZIP OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 3/29/06 Daytime Phone # (863) 634-1909