2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008100

FILED Apr 30, 2006 Secretary of State

Entity Name: IGLESIA EVANGELICA PENTECOSTAL DE MIAMI INCORPORATION

Current Principal Place of Business: New Principal Place of Business: 9001 S.W. 77TH AVENUE 9001 S.W. 77TH AVENUE APT. C610 APT. C809 MIAMI, FL 33156 MIAMI, FL 33156 **Current Mailing Address:** New Mailing Address: 9001 S.W. 77TH AVENUE 9001 S.W. 77TH AVENUE APT. C610 APT. C809 MIAMI, FL 33156 MIAMI, FL 33156 FEI Number: 65-1061033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: FEBLES, EDITH A FEBLES, EDITH A 9001 S.W. 77TH AVENUE 9001 S.W. 77TH AVENUE APT. C610 APT. C809 MIAMI, FL 33156 US MIAMI, FL 33156 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: EDITH A. FEBLES 04/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FEBLES, EDITH A FEBLES, EDITH A Name: Name: 9001 S.W. 77 AVE. APT. C610 Address: 9001 S.W. 77 AVE. APT. C809 Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156 Title: VD () Delete Title: () Change () Addition LEIVA, EDUARDO Name: Name: Address: 8271 S.W. 107 AVE., APT. B Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: () Delete Title: () Change () Addition MENDOZA, OSCAR Name: Name: 21112 N.E. 5TH COURT Address: Address: City-St-Zip: NORTH MIAMI, FL 33179 City-St-Zip: Title: VD () Delete Title: (X) Change () Addition FEBLES, EDITH A Name: Name: RODRIGUEZ, DAVID F 9001 S.W. 77TH AVENUE APT. C610 421 N.W. 109 AVE. #9 Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33172 Title: () Delete Title: () Change () Addition FIGUEROA, TERESA D Name: Name: 1666 WEST AVENUE, APT. 507 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDITH A. FEBLES PD 04/30/2006

(X) Delete

SEGOVIA, MARCELO

27 SW 19TH AVE

MIAMI, FL 33145

Title:

Name:

Address:

City-St-Zip:

() Change () Addition