2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N01000001541

Entity Name: IGLESIA CRISTIANA DEFENSORES DE LA FE INC.

Current Principal Place of Business:

U.S. HIGHWAY 27
SOUTH BAY, FL 33493

New Principal Place of Business:

Current Mailing Address:

PO BOX 846
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-1151745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALINAS, JUVENAL
1133 NE 29TH STREET
BELLE GLADE, FL 33430 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:	DT	( ) Delete
Name:	GUZMAN, HECTOR	
Address:	1619 NW 12TH ST DRIVE	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DV	( ) Delete
Name:	LOPEZ, JOSE E	
Address:	1108 W CANAL STREET LOT C-20	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DTS	( ) Delete
Name:	LOPEZ, GRISELLY	
Address:	1108 W CANAL STREET LOT C-20	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	DT	( ) Delete
Name:	SALINAS, MARIA E	
Address:	1133 NE 29TH STREET	
City-St-Zip:	BELLE GLADE, FL 33430	

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:	

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: JUVENAL SALINAS MR. 02/05/2007

Electronic Signature of Signing Officer or Director — Date