

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006965

1. Entity Name

IGLESIA VIDA ABUNDANTE ASAMBLEAS DE DIOS INC.



Principal Place of Business

2811 S. PINE DR., #21
LARGO FL 33771

Mailing Address

2811 S. PINE DR., #21
LARGO FL 33771



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3747532

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMALES, RAMON R JR.
2811 S. PINE DR., #21
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when retreating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME POMALES, RAMON R JR.
STREET ADDRESS 2811 S. PINE DR., #21
CITY- ST- ZIP LARGO FL 33771

TITLE SD ☐ Delete
NAME POMALES, ANGIE
STREET ADDRESS 2811 S. PINE DR., #21
CITY- ST- ZIP LARGO FL 33771

TITLE D ☐ Delete
NAME MERCADO, TANIA I
STREET ADDRESS 9016 CHATAM LANE
CITY- ST- ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME CHMIELEWSKI, ADRIANA
STREET ADDRESS 301 SEACREST DR., #253
CITY- ST- ZIP CLEARWATER FL 33771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000504916
04/26/06-80037-004 70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ramon R. Pomaes Jr.* Ramon R. Pomaes Jr.

4/4/06 (727) 533-0126