

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 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
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04022007 No Chg-NP CR2E037 (4/06)

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

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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. (NOTE: Registered Agent signature required when reinstating)
DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMALES, RAMON R JR. 2811 S. PINE DR., #21 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMALES, ANGIE 2811 S. PINE DR., #21 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADO, TANIA I 9016 CHATAM LANE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHMIELEWSKI, ADRIANA 301 SEACREST DR., #253 CLEARWATER, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80017-028 70.00

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: <u>Ramon R. Pomaes Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/5/07</u> Daytime Phone # <u>(727) 533-0126</u>