2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# N01000007520

Entity Name: LAKE MARY - IGLESIA DEFENSORES DE LA FE CRISTIANA, INC.

Current Principal Place of Business:

109 SHERYL DR
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

109 SHERYL DR
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-3757087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUZMAS, LUIS
3563 MONUMENT DR
DELTONA, FL 32738 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: DP ( ) Delete
Name: DEL VALLE, ESTHER
Address: 2097 ATMORE CIRCLE
City-St-Zip: DELTONA, FL 32725

Title: DV ( ) Delete
Name: GUZMAN, LUIS
Address: 3563 MONUMENT DR
City-St-Zip: DELTONA, FL 32738

Title: DT ( ) Delete
Name: AYALA, NORMA
Address: 223 PALM PLACE
City-St-Zip: SANFORD, FL 32773

Title: DS ( ) Delete
Name: GALARZA, MARISOL
Address: 2821 FISON CIRCLE
City-St-Zip: DELTONA, FL 32738

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: ESTHER DEL VALLE DP 07/01/2006

Electronic Signature of Signing Officer or Director — Date