

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007520

FILED  
May 31, 2007  
Secretary of State

**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 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

05/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date