

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000009048

1. Entity Name
IGLESIA DE DIOS KENDALL, INC.



Principal Place of Business
6814 SW 102ND AVENUE
MIAMI, FL 33173

Mailing Address
6814 SW 102ND AVENUE
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE



05132007 No Chg-NP CR2E037 (4/06)

| | |
|---|--------------------------------|
| 4. FEI Number 30-0015444 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LABRA, CARLOS
6940 SW 89 CT
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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

Carlos Labra LABRA CARLOS

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | LABRA, CARLOS |
| STREET ADDRESS | 6940 SW 89 CT |
| CITY-ST-ZIP | MIAMI, FL 33173 |
| TITLE | VP |
| NAME | CORBO, FRANCISCO |
| STREET ADDRESS | 14308 SW 92 STREET |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | ST |
| NAME | ZEGARRA, MARIA D |
| STREET ADDRESS | 9781 SW 138 AVE |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | D |
| NAME | AMADOR, RENE L |
| STREET ADDRESS | 1050 SW 6 STREET # 3 |
| CITY-ST-ZIP | MIAMI, FL 33313 |
| TITLE | D |
| NAME | HERR, FERNANDO |
| STREET ADDRESS | 5311 SW 89 PLACE |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000764253
05/30/07-80051-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Carlos Labra LABRA CARLOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/07 305 9756320