


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001103	
1. Entity Name IGLESIA EVANGELICA YESHUA, INC.	

Principal Place of Business 1889 EDEN DRIVE DELTONA, FL 32725	Mailing Address 1889 EDEN DRIVE DELTONA, FL 32725
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01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

RIVERA, EFRAIN
1889 EDEN DRIVE
DELTONA, FL 32725

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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 _____ 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RIVERA, EFRAIN
STREET ADDRESS	1889 EDEN DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	RIVERA, NORMA
STREET ADDRESS	1889 EDEN DRIVE
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	D
NAME	RIVERA, EFRAIN JR.
STREET ADDRESS	219 DELEON ROAD
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000389666
01/20/06-80054-022 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/13/06 (386) 789-6273
Date Daytime Phone #

Block # 2125