


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 027 \*\*\*\*61.25

<b>DOCUMENT # N02000005284</b> 1. Entity Name <b>IGLESIA DE DIOS LA CASA DEL ALFARERO EN TAMPA, INC.</b>					
Principal Place of Business <b>5602-B WEST LINEBAUGH TAMPA, FL 33624</b>			Mailing Address <b>10107 TIMBER OAKS COURT TAMPA, FL 33615</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>33-1077931</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FERNANDEZ, JESUS 10107 TIMBER OAKS TAMPA, FL 33615</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, JESUS		NAME		
STREET ADDRESS	10107 TIMBER OAKS		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, DARLING		NAME	Medina, Victoria	
STREET ADDRESS	1416 E POINSETTIA AVE		STREET ADDRESS	10051 N FLORIDA Ave. Apt. 2	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	TAMPA, FL. 33612	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTIAGO, ALBA N		NAME		
STREET ADDRESS	1015 E FLORA ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE	BD <input checked="" type="checkbox"/> Delete		TITLE	BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTELL, RAFAEL		NAME	MANZANO, Jose R.	
STREET ADDRESS	2411 S 70TH ST		STREET ADDRESS	#1924 Woodcut Drive	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	Lutz, FL. 33559	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>JESUS FERNANDEZ</b> April 24, 2007 (813) 964-8580		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		