

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006645

FILED
May 21, 2007
Secretary of State

Entity Name: SPANISH FREE METHODIST ARCH OF SALVATION CHURCH INC

Current Principal Place of Business:

1701 N THACKER AVE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

520 CODY CALEB DR.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 06-1747604 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:

MEDINA, GLADYS L
520 CODY CALEB DR.
WINTER HAVEN, FL 34769 US

Name and Address of New Registered Agent:

MEDINA, GLADYS L
520 CODY CALEB DR.
WINTER HAVEN, FL 33884 US

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: GLADYS L. MEDINA

05/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, EDGARD
Address: 520 CODY CALEB DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: BOLBARAN, ARIEL
Address: 613 WALLABY LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: S (X) Delete
Name: BOLBARAN, JULIA
Address: 613 WALLABY LANE
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MEDINA, GLADYS L
Address: 520 CODY CALEB DR.
City-St-Zip: WINTER HAVEN, FL 33884 US

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: EDGARD MEDINA

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date