


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90029 020 \*\*\*\*61.25

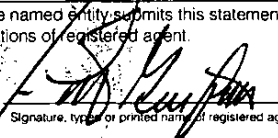
<b>DOCUMENT # N02000007022</b>	
1. Entity Name IGLESIA DE DIOS PIEDRA VIVA IN DELRAY BEACH, INC.	

Principal Place of Business 6863 S CONGRESS AVENUE LANTANA, FL 33462 US	Mailing Address 5441 HUDDLE HILL RD LAKE WORTH, FL 33463 US
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2. Principal Place of Business - No P.O. Box # <b>2417 10th Ave North</b>	3. Mailing Address <b>5441 Huddle Hill Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

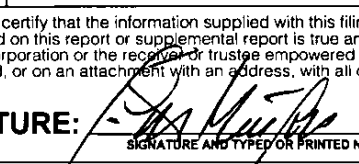
City & State <b>Lake Worth FL</b>	City & State <b>Lake Worth FL</b>
Zip <b>33461</b>	Country <b>Palm Bch</b>
Zip <b>33463</b>	Country <b>Palm Bch</b>

6. Name and Address of Current Registered Agent <b>GUIFARRO, FAUSTO</b> <b>5441 HUDDLE HILL RD</b> <b>LAKE WORTH, FL 33463</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 	DATE <b>1/24/08</b>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUIFARRO, FAUSTO 5441 HUDDLE HILL RD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, RUT 16396 E MEAD HILL RD LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELICIANO, MARGARITA 3895 MAJESTIC PALM WAY DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>1/24/08</b> (561) 662-5084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #