


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 008 ****70.00

DOCUMENT # N02000007058	
1. Entity Name IGLESIA CRISTIANA PUERTA DEL CIELO, INC.	

Principal Place of Business 5329 N PINE ST SEFFNER, FL 33584	Mailing Address 5329 N PINE ST SEFFNER, FL 33584
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2. Principal Place of Business - No P.O. Box # 5563 Peach Ave.	3. Mailing Address 2007 Green Juniper Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07152007 Chg-NP CR2E037 (12/06)

City & State Seffner Fla	City & State Brandon Fla
Zip 33584	Zip 33511
Country Hillsborough	Country Hillsborough

4. FEI Number 14-1848912	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 OLIVEROS, ELBA I 5329 N PINE ST SEFFNER, FL 33584	
7. Name and Address of New Registered Agent Name Jose E. Perez Street Address (P.O. Box Number is Not Acceptable) 2007 Green Juniper Ln. City Brandon FL Zip Code 33511	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	DP OLIVEROS, ELBA I 5329 N PINE ST SEFFNER, FL 33584 <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	DV PEREZ, JOSE ENRIQUE 2007 GREEN JUNIPER LANE BRANDON, FL 335118361 <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 VELAZQUEZ, JOSE A 4809 GARLAND BRANCH ROAD DOVER, FL 33527 <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	S MARTINEZ, ISABEL 7809 FOUR PINES RD PLANT CITY, FL 33565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Franco, Isabel <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 311 Interlachen Pkwy Lakeland, Florida 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ENELIA 5329 N PINE ST SEFFNER, FL 33584 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Minerva Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2007 Green Juniper Ln. Brandon, Fla 33511
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:  **7/16/07** **813-685-4531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #