2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AB)

Apr 21, 2006 8:00 am Secretary of State DOCUMENT # N02000007147 04-04-2006 90143 033 ****61.25 IGLESIA CRISTIANA EL PODER DE LA PALABRA. Principal Place of Business Mailing Address 521 JOG RD 521 JOG RD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 51-0427820 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALDONADO, WINSTON T 2800 PALMWOOD TERR., P120 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** City 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 FILE NOW: FEE IS \$61,25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete îlîi F POPEZ, EDUARDO 1019 CORALLITA CT. MALDONADO, WINSTON R NAME NAME 2800 PALMWOOD TERR, P-120 STREET ADDRESS STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZP Delete THE GARCIA, REYNA 6194 WAUCONDA WAY W. LAKE WORTH, FL 33463 ☐ Change Z Addition CONTRERA, JUAN NAME 5906 HYPOLUXO RD. STREET ADORESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE M.Delete ☐ Change ■ Addition CASTELLON, JESUS NAME NAME STREET ADDRESS 138 BOBWHITE RD. STREET ADDRESS CITY-ST-ZIP ROYAL PALM BCH FL 33411 CITY-ST-ZIP TITLE Oelete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delate IIILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED