

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N02000007225

1. Entity Name
IGLESIA DE DIOS CAMINO AL CIELO IN TAMPA, INC.



Principal Place of Business
**6307 SHELDON RD
TAMPA, FL 33615**

Mailing Address
**6307 SHELDON RD
TAMPA, FL 33615**



04282007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
11-3655389

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERRIOS, JUAN
7313 POCAHONTAS AVE
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000750539
05/18/07-80056-062 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERRIOS, JUAN 7313 POCAHONTAS AVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, SONYA 6315 QUAILRIDGE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYALA, ROSALINA 8051 PALMERA POINT CIRCLE, APT. 202 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, BENIGNO 6315 QUAILRIDGE DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Juan Berrios - **JUAN BERRIOS** 4-30-07 (813) 887-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #