


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90232 036 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # N02000007559 1. Entity Name IGLESIA DE DIOS TROPICAL ACRES IN RIVERVIEW, INC. | | | |  | |
| Principal Place of Business 12214 BALM RIVERVIEW RD. RIVERVIEW, FL 38569 | | | Mailing Address 12214 BALM RIVERVIEW RD. RIVERVIEW, FL 38569 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 27-0022679 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GUAJARDO, ROBERTO SR 12210 BALM RIVERVIEW ED. RIVERVIEW, FL 33569 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GUAJARDO, ROBERTO SR 12210 BALM RIVERVIEW RD. RIVERVIEW, FL 33569 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Cancel, Silvia 12210 Balm Riverview Rd. Riverview, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ZUNIGA, LUZ M 11221 INGLEWOOD DRIVE GIBSONTON, FL 33534 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Delgado, Teresa 12013 Cedarfield Dr Riverview, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZUNIGA, SILVERIO 11221 INGLEWOOD DRIVE GIBSONTON, FL 33534 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Vega, Dandel 12015 Cedarfield Dr. Riverview, FL 33569 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUAJARDO, ROBERTO JR 12210 BALM RIVERVIEW RD RIVERVIEW, FL 33569 | <input checked="" 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 MONTANZ, ROBERTO SR 404 15TH ST. SE RUSKIN, FL 33570 | <input checked="" 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 checked="" 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: <u>Silvia Cancel</u> 5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40082254



Division of Corporations

Annual Report

Annual Report Help

Document Number

N02000007559

Business Entity Name

IGLESIA DE DIOS TROPICAL ACRES IN RIVERVIEW, INC.

FEI Number

270022679

FEI Number Status

☒ Listed Above ☐ Applied For☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☐ Yes ☒ No

Principal Place of Business

Address

12214 BALM RIVERVIEW RD.

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code & Country: 38569

Mailing Address

Address

12214 BALM RIVERVIEW RD.

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code & Country: 38569

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

Cancel

Silvia

Mrs.

- OR -

Business to serve as RA

Address (PO Box is not

12210 BALM RIVERVIEW ED.

40082254

02000007559

acceptable)

Suite, Apt. #, etc.

City, State

RIVERVIEW

FL

Zip Code & Country

33569

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature*Silvia Cancel*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

Cancel

Silvia

Mrs.

- OR -

Entity Name to serve as Officer/Director

Street Address

12210 BALM RIVERVIEW RD.

City, State

RIVERVIEW

FL

Zip Code & Country

33569

Title

TD

Name (Last, First, Middle, Title)

Delgado

Teresa

G

- OR -

Entity Name to serve as Officer/Director

102000007559

Street Address

12013 Cedarfield Dr.

City, State

Riverview

FL

Zip Code & Country

33569

Title

D

Name (Last, First, Middle,
Title)

Vega

David

- OR -Entity Name to serve as
Officer/Director

Street Address

12015 Cedarfield Dr.

City, State

Riverview

FL

Zip Code & Country

33569

Title

D

Name (Last, First, Middle,
Title)**- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)**- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

#102000007559

Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Silvia Canal

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over

Sunbiz Home Page

Annual Report Help