

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007559

FILED
Feb 12, 2009
Secretary of State

Entity Name: IGLESIA DE DIOS TROPICAL ACRES IN RIVERVIEW, INC.

Current Principal Place of Business:

12214 BALM RIVERVIEW RD.
RIVERVIEW, FL 38579

New Principal Place of Business:

12214 BALM RIVERVIEW RD.
RIVERVIEW, FL 33579

Current Mailing Address:

12214 BALM RIVERVIEW RD.
RIVERVIEW, FL 38579

New Mailing Address:

12214 BALM RIVERVIEW RD.
RIVERVIEW, FL 33579

FEI Number: 27-0022679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANCEL, SILVIA MRS
12210 BALM RIVERVIEW RD
RIVERVIEW, FL 33579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANCEL, SILVIA
Address: 12210 BALM RIVERVIEW RD.
City-St-Zip: RIVERVIEW, FL 33579

Title: TD () Delete
Name: DELGADS, TERESA
Address: 8452 CARRIAGE POINTE DR.
City-St-Zip: GIBSONTON, FL 33534

Title: D () Delete
Name: VEGA, DAVID
Address: 8452 CARRIAGE POINT DRIVE
City-St-Zip: GIBSONTON, FL 33534

Title: D () Delete
Name: PANIAGUA, FLOR
Address: 18311 PRESTWICK DR.
City-St-Zip: RIVERVIEW, FL 33579

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: VAZQUEZ, LINDA
Address: 7007 SKYLINE BLVD
City-St-Zip: TAMPA, FL 33619

Title: D (X) Change () Addition
Name: HERNANDEZ, HERMINIO
Address: 8902 W NORFOLK ST
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: ROSAS, ELIZABETH
Address: 12411 GREENLEE WAY
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Change (X) Addition
Name: PEREZ, ADAN
Address: 13367 ASHBARK COURT
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA CANCEL

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date