


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90008 032 \*\*\*\*66.25

<b>DOCUMENT # N02000007695</b>					
<b>1. Entity Name</b> IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 6316 SAN JUAN AVENUE #25 JACKSONVILLE, FL 32210			<b>Mailing Address</b> 6316 SAN JUAN AVENUE #25 JACKSONVILLE, FL 32210		
<b>2. Principal Place of Business</b> Iglesia de Dios Suite, Apt. #, etc. 6007 Seaboard Ave.			<b>3. Mailing Address</b> 6007 Seaboard Ave Suite, Apt. #, etc.		
<b>City &amp; State</b> JAX, FL			<b>City &amp; State</b> JAX, FL		
<b>Zip</b> 32244		<b>Country</b> FL		<b>Zip</b> 32244	
<b>Country</b> FL		<b>Country</b> FL		<b>4. FEI Number</b> 59-0766968	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> MIRANDA, FABIAN 2025 SHANNON LAKES COURT KISSIMMEE, FL 34741			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Fabian Miranda</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MIRANDA, FABIAN <b>STREET ADDRESS</b> 2025 SHANNON LAKES COURT <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Susana Aporte <b>STREET ADDRESS</b> 5202 La Ventura Dr Apt 4103 <b>CITY-ST-ZIP</b> JAX, FL 32210 OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> RAMOS/DIAZ, EVELYN <b>STREET ADDRESS</b> 6034 DAVON ST <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Rinaldo Vargas <b>STREET ADDRESS</b> 1903 La Trac Dr <b>CITY-ST-ZIP</b> JAX, FL 32221 (OFFICER)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BORRERO, HERIBERTO <b>STREET ADDRESS</b> 6420 HANNAH ESTABLE DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Omar Conde <b>STREET ADDRESS</b> 1191 South Lane Av. <b>CITY-ST-ZIP</b> JAX, FL 32205 (OFFICER)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BORRERO, CARMEN <b>STREET ADDRESS</b> 6420 HANNAH ESTABLE DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Maria Alarcon <b>STREET ADDRESS</b> 7521 Proxima Rd. <b>CITY-ST-ZIP</b> JAX, FL 32210 OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> Gloria Buga <b>STREET ADDRESS</b> 8559 Old Kings Rd S #509 <b>CITY-ST-ZIP</b> JAX, FL 32211 (OFFICER)	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Gloria Buga <b>STREET ADDRESS</b> 8559 Old Kings Rd S #509 <b>CITY-ST-ZIP</b> JAX, FL 32211 (OFFICER)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Fabian Miranda</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 904-777-8267 Daytime Phone:					

66006473



02122006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66006279

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.  
6007 SEABOARD AVE  
JACKSONVILLE, FL 32244

Subject: IGLESIA DE DIOS LA HERMOSA IN JACKSONVILLE, INC.

Reference Number: N02000007695

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$66.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION