## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007763

FILED Jan 27, 2005 Secretary of State

Entity Name: IGLESIA DE DIOS EMANUEL IN TAMPA, INC. **Current Principal Place of Business: New Principal Place of Business:** 6901 W. COMANCHE AVE. TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 6447 WILLOW WOOD LANE TAMPA, FL 33634 FEI Number: 54-2118791 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, OSCAR 6447 WILLOW WOOD LN TAMPA, FL 33634 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RODRIGUEZ, OSCAR Name: Name: Address: 6447 WILLOW WOOD LN Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RODRIGUEZ, LOURDES Name: Name: RODRIGUEZ, LOURDES Address: 6447 WILLOW WOOD LN Address: 6447 WILLOW WOOD LN City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634 Title: () Delete Title: **TRES** ( ) Change (X) Addition RODRIGUEZ, CARMEN Name: Name: 8729 N. CALDER PLACE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33604 Title: () Delete Title: SECT ( ) Change (X) Addition Name: Name: RIVERA, ROSA E Address: Address: 4411 LETO LAKES BLVD #203 City-St-Zip: City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OSCAR RODRIGUEZ PD 01/27/2005