


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001319
 1. Entity Name
 IGLESIA DE DIOS AGUA DE VIDA IN KISSIMMEE, INC.



Principal Place of Business
 1140 PARNELL ST
 KISSIMMEE, FL 34741

Mailing Address
 1140 PARNELL ST
 KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE



04282006 No Chg-NP CR2E037 (4/06)

4. FEI Number
 57-1156063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARRO, SARA
 2540 LONG BRANCH CT
 KISSIMMEE, FL 34744

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARRO, SARA 2540 LONG BRANCH CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, EDWIN 3233 WINDMILL BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBRON, ANGEL 11217 DORMER WAY ORLANDO, FL 32737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/06-80057-011 61.25

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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: Sara Carro Sara Carro 4-14-2006 407-348-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #