


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90229 017 ****61.25

DOCUMENT # N03000001678

1. Entity Name
 IGLESIA Y MINISTERIO EVANGELISTICO IMPACTO DE DIOS INC.



Principal Place of Business
 P. O. BOX 82
 BRONSON, FL 32621

Mailing Address
 P. O. BOX 82
 BRONSON, FL 32621

50052517

2. Principal Place of Business
P.O. Box 82

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Bronson FL

City & State

Zip
32621 Country

Zip Country



04042005 Chg-NP CR2E037 (10/03)

4. FEI Number
 76-0723530

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRINIDAD, RAMON
 PINE OAK HILLS, UNIT 1
 BLKA LOT 29
 BRONSON, FL 32621

7. Name and Address of New Registered Agent

Name
iglesia y ministerio Impacto de Dios inc

Street Address (P.O. Box Number is Not Acceptable)
Pine Oak Hills unit 1

BLKA Lot 29

City
Bronson FL Zip Code
32621

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 *Ramon Trinidad* DATE *05/05/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRINIDAAD, RAMON PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRINIDAAD, CATALINA PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD TRINIDAAD, ANA L PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, LUIZ N 11380 NE 62ND OAK RIDGE BRONSON, FL 32621 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Ramon Trinidad</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Catalina Trinidad</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ANA L FIGUEROA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>LUZ NEREIDA DIAZ</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: *Ramon Trinidad* DATE: *05/05/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #