

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.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

Bronson FL

City & State

4. FEI Number
76-0723530

Applied For
Not Applicable

Zip
32621

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/05/05

**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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TRINIDAAD, CATALINA
PINE OAK HILLS UNIT 1 BLKA LOT 29
BRONSON, FL 32621** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
TRINIDAAD, ANA L
PINE OAK HILLS UNIT 1 BLKA LOT 29
BRONSON, FL 32621** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIAZ, LUIZ N
11380 NE 62ND OAK RIDGE
BRONSON, FL 32621** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ramon Trinidad ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Catalina Trinidad ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANA L FIGUEROA ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LUZ NEREIDA DIAZ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/05/05