


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 011 ****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	
2. Principal Place of Business <i>P.O. Box 82</i>		3. Mailing Address <i>P.O. Box 82</i>	
Suite, Apt. #, etc. <i>Bronson P-1</i>		Suite, Apt. #, etc.	
City & State		City & State <i>Bronson P-1</i>	
Zip <i>32621</i>	Country	Zip <i>32621</i>	Country
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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Ramon Trinidad</i>		DATE <i>03/15/06</i>	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRINIDAD, RAMON PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRINIDAD, CATALINA PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FIGUEROA, ANA L PINE OAK HILLS UNIT 1 BLKA LOT 29 BRONSON, FL 32621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, NOREIDA 11380 NE 62ND OAK RIDGE BRONSON, FL 32621 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>Ramon Trinidad</i>		Date <i>03/15/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	



ATTACHMENT

40037816

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2006

IGLESIA Y MINISTERIO EVANGELISTICO IMPACTO DE DIOS INC.
P. O. BOX 82
BRONSON, FL 32621

SUBJECT: IGLESIA Y MINISTERIO EVANGELISTICO IMPACTO DE DIOS INC.
Ref. Number: N03000001678

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 406A00013633