2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000001678 Mar 21, 2007 08:00 AM **Secretary of State** IGLESIA Y MINISTERIO EVANGELISTICO IMPACTO DE DIOS INC. Principal Place of Business Mailing Address P. O. BOX 82 BRONSON FL 32621 P. O. BOX 82 **BRONSON FL 32621** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 76-0723530 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo TRINIDAD, RAMON Street Address (P.O. Box Number is Not Acceptable) PINE OAK HILLS, UNIT 1 **BLKA LOT 29 BRONSON FL 32621** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent. 03-15-07 (NOTE: Registered Agent signature required when reinstaining) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete шп ☐ Change Addition U00000674974 NAME TRINIDAD, RAMON STREET ADDRESS 03/29/07-80089-025 61.25 PINE OAK HILLS UNIT 1 BLKA LOT 29 STRUET ADORESS CITY-ST-7IP BRONSON FL 32621 CHY+ST-7P HILE VD ☐ Defete ☐ Change ☐ Addition NAME TRINIDAD, CATALINA NAME STREET ADDRESS PINE OAK HILLS UNIT 1 BLKA LOT 29 STREET ADDRESS CITY-SI-7P BRONSON FL 32621 CITY-ST-ZP IIILE Delete Hitt Change Change ☐ Addition TSD NAM FIGUEROA, ANA L STREET ADDRESS STREET ADDRESS PINE OAK HILLS UNIT 1 BLKA LOT 29 CITY-S1-ZIP CITY-ST- AP BRONSON FL 32621 1011 ☐ Delete D THU. ☐ Change ☐ Addition NAME NAM! DIAZ, NOREIDA STREET ADDRESS STREET ADDRESS 11380 NE 62ND OAK RIDGE CITY-ST-ZIP CITY-S1-7IP **BRONSON FL 32621** lthe ☐ Defete HITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 11111 Delete TITLE ☐ Change ☐ Addition NAME NAM STRUCT ADDRESS STREET ADDRESS CITY ST-7/P CHY-SI-ZIP

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12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver or trusted 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.