2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # N03000002024 1. Entity Name 03-16-2006 90229 032 ****61.25 IGLESIA DE DIOS PUERTA DEL CIELO IN LAKE WORTH, INC. Principal Place of Business Mailing Address 709 N. "F" STREET LAKE WORTH FL 33460 709 N. "F" STREET LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For 4. FEI Number City & State 56-2465844 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETANCOURT, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 713 N "F" STREET LAKE WORTH FL 33460 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TIFLE Change TITLE ANA Nieves BETANCOURT, CARLOS J NAME NAME STREET ADDRESS 713 N "F" STREET STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP מו ☐ Change M Addition ☐ Delete TITLE Josue Cortes ARAYO, ROBERTO NAME NAME 5/31 GRANT LANG 5786 EDDY CT STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP WPB PL 33VIS CITY-\$1-782 ☐ Change ☐ Addition Delete TITLE TITLE GUIFARRO, FAUSTO NAME NAME 5441 HUDDLE HILL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33463 ☐ Change ☐ Addition Delete TITLE TITLE VAZQUEZ, RAMONA NAME STREET ADDRESS STREET ADDRESS 2200 SPRINGDALE BLVD., 3-A LAKE WORTH FL 33460 CITY-S1-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition THIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

I hereby certify 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

SIGNATURE:

FILED