

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002492

FILED
Apr 03, 2006
Secretary of State

Entity Name: IGLESIA DE DIOS NAPLES, INC.

Current Principal Place of Business:

5021 TAMiami TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 990545
NAPLES, FL 34116

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, DAVID
5296 18TH. CT. SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE LA CRUZ, DAVID
Address: 5296 18TH. CT. SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: ROQUE, YASMINA
Address: 5490 LAUREL RIDGE LN. APT. 63
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: ROQUE, ENZO
Address: 5490 LAUREL RIDGE LN. APT. 63
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DE LA CRUZ

D

04/03/2006

Electronic Signature of Signing Officer or Director

Date