

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002922

FILED
May 20, 2007
Secretary of State

Entity Name: CENTRO EVANGELÍSTICO DE LA IGLESIA CRISTIANA EMANUEL INC.

Current Principal Place of Business:

2791 N PINE HILLS RD.,
ORLANDO, FL 32808

New Principal Place of Business:

5007 OLD WINTER GARDEN RD
ORLANDO, FL 32811

Current Mailing Address:

2426 AULD SCOT BLVD
OCOOE, FL 34761

New Mailing Address:

FEI Number: 51-0498182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALLEJO, ADALBERTO DR.
2426 AULD SCOT BLVD
OCOOE, FL 34761 US

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: P () Delete
Name: VALLEJO, ADALBERTO DR.
Address: 2426 AULD SCOT BLVD
City-St-Zip: ORLANDO, FL 34761

Title: VP () Delete
Name: VALLEJO, LUZ ANGELICA
Address: 2426 AULD SCOT BLVD
City-St-Zip: ORLANDO, FL 34761

Title: T () Delete
Name: GARCIA, MARILYN
Address: 6520 STARDUST LANE
City-St-Zip: ORLANDO, FL 32818

Title: VOC. () Delete
Name: LARACUENTE, OSVALDO
Address: 6408 STARDUST LANE
City-St-Zip: ORLANDO, FL 32818

Title: VOC. () Delete
Name: PESANTE, EDGARDO
Address: 6421 STARDUST LANE
City-St-Zip: ORLANDO, FL 32818

Title: VOC. () Delete
Name: ALVARADO, JOEL
Address: 728 SHERWOOD TERRACE DR # 305
City-St-Zip: ORLANDO, FL 32818

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:

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 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: DR. ADALBERTO VALLEJO

REV. _____

05/20/2007

Electronic Signature of Signing Officer or Director

Date