2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90063 048 ****61.25

DOCUMENT # N03000003074

1. Entity Name

IGLESIA DE DIOS CAMINO, VERDAD Y VIDA IN ORLANDO, INC.

Principal Place of Business	Mailing Address
2550 S. GOLDENROD ORLANDO FL 32822	2550 S. GOLDENROD ORLANDO FL 32822

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
2550 S. Goldenrod Suite, Apt. #, etc.	4227 King Edward Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32822 Country:	Zip: 32826 Country:

4. FEI Number: 65-1185087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVA, JULIA 4227 KING EDWARD DR. ORLANDO FL 32826	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: Julia A. Silva
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SILVA, JULIA 4227 KING EDWARD DR. ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVA, MICHAEL TRUSTEE 4227 KING EDWARD DR. ORLANDO FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRADO, PEDRO TRUSTEE 3110 LAKE EASTERN #201 ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIVERA, EVELYN 2427 CLEMSON AVENUE ORLANDO FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Carlos Quiles 7033 Carna Ct. Orlando, FL 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Julia A. Silva - Julia Silva 2-5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #