

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

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003074**

1. Entity Name

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



Principal Place of Business

4114 S. GOLDENROD  
ORLANDO FL 32822

Mailing Address

P.O. BOX 781166  
ORLANDO FL 32878



2. Principal Place of Business - No P.O. Box #

4114 S. Goldenrod

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 781166

City & State

Orlando, FL

City & State

Orlando, Florida

Zip

32822

Country

Zip

32878

Country

2nd MOORE

CR2E037 (4/07)

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

SILVA, JULIA  
4227 KING EDWARD DR.  
ORLANDO FL 32826

7. Name and Address of New Registered Agent

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 Silva*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-31-07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILVA, JULIA	
STREET ADDRESS	4227 KING EDWARD DR.	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVA, MICHAEL TRUSTEE	
STREET ADDRESS	4227 KING EDWARD DR.	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	D	<input type="checkbox"/> Delete
NAME	PRADO, PEDRO TRUSTEE	
STREET ADDRESS	14110 COLONIAL SPRING	
CITY-ST-ZIP	ORLANDO FL 32826	

TITLE	TD	<input type="checkbox"/> Delete
NAME	QUILES, CARLOS	
STREET ADDRESS	7033 CARNA CT	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Silva* - Julia Silva

5-31-07 402-381-0111