

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003074

FILED  
Feb 09, 2009  
Secretary of State

**Entity Name:** IGLESIA DE DIOS CAMINO, VERDAD Y VIDA IN ORLANDO, INC.

**Current Principal Place of Business:**

4114 S. GOLDENROD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781166  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 65-1185087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVA, JULIA  
4227 KING EDWARD DR.  
ORLANDO, FL 32826 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: PD ( ) Delete  
Name: SILVA, JULIA  
Address: 4227 KING EDWARD DR.  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: SILVA, MICHAEL TRUSTEE  
Address: 4227 KING EDWARD DR.  
City-St-Zip: ORLANDO, FL 32826

Title: D ( ) Delete  
Name: RAMOS, IDALMIS  
Address: 9514 ROSE WALK  
City-St-Zip: ORLANDO, FL 32825

Title: TD ( ) Delete  
Name: PRADO, DAMARIS  
Address: 14110 COLONIAL SPRINGS WAY  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SILVA, JULIA  
Address: 4227 KING EDWARD DR.  
City-St-Zip: ORLANDO, FL 32826

Title: O (X) Change ( ) Addition  
Name: SILVA, MICHAEL TRUSTEE  
Address: 4227 KING EDWARD DR.  
City-St-Zip: ORLANDO, FL 32826

Title: T (X) Change ( ) Addition  
Name: RAMOS, IDALMIS  
Address: 9514 ROSE WALK  
City-St-Zip: ORLANDO, FL 32825

Title: O (X) Change ( ) Addition  
Name: PRADO, DAMARIS  
Address: 14110 COLONIAL SPRINGS WAY  
City-St-Zip: ORLANDO, FL 32826

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: JULIA SILVA

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date