2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005160

FILED Mar 20, 2009 Secretary of State

Entity Name: IGLESIA DE DIOS TORRE FUERTE IN DOVER, INC.

Current Principal Place of Business: New Principal Place of Business: 3722 PETTIE RD. **DOVER, FL 33527 Current Mailing Address: New Mailing Address:** P.O. BOX 250 DOVER, FL 33527 FEI Number: 59-3321076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUIRINO, MIGUEL G 3706 MOORSE LAKE RD DOVER, FL 33527 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete QUIRINO, MIGUEL QUIRINO, MIGUEL G Name: Name: 3706 MOORSE LAKE RD. Address: 3706 MOORSE LAKE RD. Address: City-St-Zip: **DOVER, FL 33527** City-St-Zip: DOVER, FL 33527 (X) Change () Addition Title: () Delete Title: BARILLAS, DORA Name: VEGA, KATHY M Name: Address: 2001 SPOONER DR. Address: 1205 W. REYNOLDS ST. City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition GUEVARA, ARTURO GUEVARA, ARTURO S Name: Name: 2210 W. TRAPNELL 2210 W. TRAPNELL Address: Address: City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33567 Title: () Delete Title: (X) Change () Addition RODRIGUEZ, VICTOR Name: Name: MELENDEZ, AGUSTIN 4015 SHADY VIEW DR. 3405 N EDWARD ROAD Address: Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: PLNT CITY, FL 33566 Title: () Delete Title: () Change (X) Addition ESPINOZA, RAMIRO Name: Name: 703 WGGINS CT Address: Address: PLAT CITY, FL 33563 City-St-Zip: 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: MIGUEL G QUIRINO P 03/20/2009