## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007218

Entity Name: IGLESIA BALSAMO DE GALAAD, INC

FILED Feb 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

151 NE PINE ISLAND 5 NE 17TH AVE

CAPE CORAL, FL 33909 CAPE CORAL, FL 33909

Current Mailing Address: New Mailing Address:

511 SE 6TH AVE #2 5 NE 17TH AVE

CAPE CORAL, FL 33990 CAPE CORAL, FL 33909

FEI Number: 13-4261663 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GIMENEZ, WALTER A LEMA, VICENTE N 511 SE 6TH AVE #2 5 NE 17TH AVE

CAPE CORAL, FL 33990 US CAPE CORAL, FL 33909 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: VICENTE LEMA 02/20/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 GIMENEZ, WALTER A
 Name:
 LEMA, VICENTE N

 Address:
 511 SE 6TH AVE #2
 Address:
 5 NE 17TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33909

Title: V () Delete Title: V (X) Change () Addition

 Name:
 LEMA, VICENTE
 Name:
 CRIOLLO, DOLORES

 Address:
 5 NE 17 AVE
 Address:
 137 SE 12TH PL

 City-St-Zip:
 CAPE CORAL, FL 33909
 City-St-Zip:
 CAPE CORAL, FL 33990

Title: T () Delete Title: () Change () Addition

 Name:
 CRIOLLO, MARIA
 Name:

 Address:
 1420 SE 4TH ST
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 AGUAIZA, JOSE
 Name:
 CRIOLLO, PATRICIA M

 Address:
 4134 SW 7 PL
 Address:
 1420 SE 4TH ST

City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICENTE LEMA P 02/20/2005