2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# N03000007218

Entity Name: IGLESIA BALSAMO DE GALAAD, INC

Current Principal Place of Business:

1006 PONDELLA RD
N FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

1420 SE 4TH ST
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 20-8102648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRIOLLO, PATRICIA M
1420 SE 4TH ST
CAPE CORAL, FL 33990 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: P ( ) Delete
Name: CRIOLLO, DOLORES
Address: 137 SE 12TH PL
City-St-Zip: CAPE CORAL, FL 33909 US

Title: V ( ) Delete
Name: AGUAIZA, JOSE
Address: 4132 SW 7TH PL
City-St-Zip: CAPE CORAL, FL 33914 US

Title: T ( ) Delete
Name: CRIOLLO, PATRICIA
Address: 1420 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S ( ) Delete
Name: CRIOLLO, ELIZABETH
Address: 26 SE 13TH AVE
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRIOLLO, DOLORES
Address: 137 SE 12TH PL
City-St-Zip: CAPE CORAL, FL 33990 US

Title: V (X) Change ( ) Addition
Name: CRIOLLO, MARIA
Address: 1420 SE 4TH ST
City-St-Zip: CAPE CORAL, FL 33990 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PATRICIA CRIOLLO T 01/25/2008

Electronic Signature of Signing Officer or Director — Date