

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008719 1. Entity Name IGLESIA CRISTIANA "LA PUERTA DEL CIELO" INC.	
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Principal Place of Business 970 LEJAY STREET ORLANDO, FL 32825	Mailing Address 970 LEJAY STREET ORLANDO, FL 32825
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DO NOT WRITE IN THIS SPACE

	
08072005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 13-4266849	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, PEDRO 7683 TIMBER RIVER CT ORLANDO, FL 32807	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000376092 08/10/05-80002-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DIAZ, PEDRO 7683 TIMBER RIVER CT ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BUSTAMANTE, GONZALO 4902 BARCELONA ST ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AENLLE, VICTOR J 970 LEJAY STREET ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Victor J. Aenlle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>8/7/05</u>	Daytime Phone # _____
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