## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010611

FILED Jul 18, 2006 Secretary of State

Entity Name: IGLESIA EN MANOS DEL ALFARERO MINISTERIO DE CAPELLANIA INC.

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

433 VINE STREET 1923 SMITH ST

KISSIMMEE, FL 34758 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

969 FLORIDA PARKWAY PO BOX 450715 KISSIMMEE, FL 34745 KISSIMMEE, FL 34745

FEI Number: 74-3115410 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OJEDA, HILDA MENDEZ, WANCESLAO
2417 HYBRID DR 969 FLORIDA PARKWAY
KISSIMMEE, FL 34758 US KISSIMMEE, FL 34745 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: MENDEZ WANCESLAO 07/18/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MENDEZ, WANCESLAO
 Name:
 MENDEZ, WANCESLAO

 Address:
 433 VINE STREET
 Address:
 1923 SMITH ST

 City-St-Zip:
 KISSIMMEE, FL 34758
 City-St-Zip:
 KISSIMMEE, FL 34741

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

 Name:
 GONZALEZ, MIGUEL
 Name:
 VAZQUEZ, HECTOR

 Address:
 2417 HYBRID DR.
 Address:
 1923 SMITH ST

 City-St-Zip:
 KISSIMMEE, FL 34758
 City-St-Zip:
 KISSIMMEE, FL 34741

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

Name: RIVERA, NIDIA Name: RIVERA, NIDIA
Address: 433 VINE STREET Address: 1923 SMITH ST

Address: 433 VINE STREET Address: 1923 SMITH ST City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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: MENDEZ WANCESLAO PD 07/18/2006