

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 28, 2009
Secretary of State**

DOCUMENT# N03746

Entity Name: PRIMERA IGLESIA HISPANA ASAMBLEAS DE DIOS DE LEHIGH ACRES, INC.**Current Principal Place of Business:**2219 JOEL BLVD
LEHIGH ACRES, FL 33972**New Principal Place of Business:****Current Mailing Address:**PO BOX 609
LEHIGH ACRES, FL 33970 US**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VELAZQUEZ, WILFREDO PD
620 TARAPIN AVE
LEHIGH ACRES, FL 33936 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: D () Delete
Name: AROCHO, LISSETTE M
Address: 1107 ADELINE AVE
City-St-Zip: LEHIGH ACRES, FL 33971 USTitle: D () Delete
Name: GARCIA, LUIS
Address: 20 DESERT CANDLE CR
City-St-Zip: LEHIGH ACRES, FL 33936Title: D () Delete
Name: LLANO, JULIO A
Address: 805 PERRY AVE
City-St-Zip: LEHIGH ACRES, FL 33936Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: VELAZQUEZ, WILFREDO
Address: 620 TARAPIN AVE.
City-St-Zip: LEHIGH ACRES, FL 33936 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: AROCHO, LISSETTE
Address: 1107 ADELINE AVE.
City-St-Zip: LEHIGH ACRES, FL 33971

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: WILFREDO VELAZQUEZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date