

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90021 023 \*\*\*\*61.25

**DOCUMENT # N04000000238**

1. Entity Name  
IGLESIA EL SHADDAI, INC.



Principal Place of Business  
4401 E. COLONIAL DR  
ORLANDO, FL 32803

Mailing Address  
2616 PEEL AVE.  
ORLANDO, FL 32806

40043204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
20-3563523

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVENCIA, DAVID  
2616 PEEL AVE.  
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name Iliana Ramos

Street Address (P.O. Box Number is Not Acceptable)

2616 Peel Avenue

Orlando

City Orlando

FL

Zip 32806

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

Iliana Ramos

Iliana Ramos

3/8/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRUZ, RAFAEL REV. 2616 PEEL AVE. ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O DE LEON, CHRISTIAN 213 PARK TREE TER #821 ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAMOS, ILIANA E 2616 PEEL AVE. ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O VILLANUEVA, RAMON 1104 CHIEF TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEDUC, NORMA 1563 CRICKET CLUB APT 306 ORLANDO, FL 32828	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O RIVERA, ELIZABETH 5009 GARDENS DRIVE ORLANDO, FL 32812	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

Iliana Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08

Date

Daytime Phone #