

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90007 031 ****61.25

DOCUMENT # N04000003886					
1. Entity Name IGLESIA DE DIOS GETSEMANI INC					
Principal Place of Business 14400 PINE BRIDGE RUN. ORLANDO, FL 32826			Mailing Address 14400 PINE BRIDGE RUN. ORLANDO, FL 32826		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0996202	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SARMIENTO, LUIS G 14400 PINE BRIDGE RUN ORLANDO, FL 32826			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARMIENTO, LUIS G 14400 PINE BRIDGE RUM ORLANDO, FL 32826	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AGOSTO, MARIA 629 BABLONICA DR ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAMOS, SARA 2265 ARDON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AGOSTO, FRANK 629 BABLONICA DR ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAMOS, SARA 2265 ARDON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORTES, JESUS 814 HALLOWELL CIRCLE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, DAVID 14415 FAWNHAVER CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	RAMOS JR JOSE L 2265 ARDON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACHECO, AUDA 546 TREE SHORE DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CORTES ELVIN 814 HALLOWELL CIRCLE ORLANDO, FL 32828	
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:			3/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		