

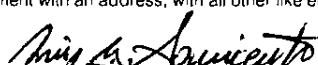


FILED
Apr 11, 2008 08:00 A
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		04082008 No Chg-NP CR2E037 (4/06)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 20-0996202	
		Applied For <input type="checkbox"/> Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARMIENTO, LUIS G 14400 PINE BRIDGE RUN ORLANDO, FL 32826			
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P SARMIENTO, LUIS G 14400 PINE BRIDGE RUM ORLANDO, FL 32826	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S RAMOS, SARA 2265 ARBON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T RAMOS, SARA 2265 ARDON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D CORTES, JESUS 814 HALLOWELL CIRCLE ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D RAMOS, JOSEL JR 2265 ARDON AVE ORLANDO, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D CORTES, ELVIN 814 HOLLOWELL CIR 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: 		04/8/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	