

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000004325 1. Entity Name IGLESIA EVANGELICA CONGREGACIONAL, INC.					
Principal Place of Business 3425 WILKENS AVE. LAKE LAND, FL 33805				Mailing Address P. O. BOX 282 AUBURNDAL E, FL 33823	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESPINOSA, RUBEN REV. 5115 N. SOCRUM LOOP RD. #195 LAKE LAND, FL 33809				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Amended AR is \$61.25		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPINOSA JR., RUBEN 5711 DAUGHTERY DOWNS LOOP LAKE LAND, FL 33805		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ocasio, Alexis 7489 Jessamine Drive Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPINOSA, OBED 6227 VINTNER LANE LAKE LAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diaz, Fredeswilda 5331 Houston Drive Lakeland, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JOSE M 5759 DAUGHTERY DOWNS LOOP LAKE LAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diaz, Julia A 2422 Timbercreek Loop East Lakeland, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ocasio, Damaris 2422 Timbercreek Loop East Lakeland, FL 33805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100062114 12/13/05--01032--002 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Obed Espinosa</u> Date: <u>12/9/05</u> Daytime Phone #: <u>(863) 853-9297</u>					