

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90151 043 \*\*\*\*70.00

**DOCUMENT # N04000004597**

1. Entity Name  
IGLESIA CAMINO AL CIELO, INC.



Principal Place of Business  
427 W MAIN STREET  
KISSIMMEE, FL 34741

Mailing Address  
402 MARTIGUES DRIVE  
KISSIMMEE, FL 34759

**50009032**



2. Principal Place of Business  
**427 W. VINE STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State  
**KISSIMMEE, FL**  
Zip  
**34741** Country  
**OSCEOLA**

City & State  
Zip Country

4. FEI Number  
52-2441297 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GARCIA, BERNABE REV.  
402 MARTIGUES DRIVE  
KISSIMMEE, FL 34759

**7. Name and Address of New Registered Agent**

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

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, 2006**

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 GARCIA, BERNABE REV. 402 MARTIGUES DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARCIA, ELBA I 402 MARTIGUES DRIVE KISSIMMEE, FL 34759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARABALLO, JULIO 2021 JOAN TERRACE KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARABALLO, MAGDALENA 2021 JOAN TERRACE KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANTIAGO, EDWIN 617 MOSS PARK CT. KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANTIAGO, VIOLETA 617 MOSS PARK CT. KISSIMMEE, FL 34743 <input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-02-06