


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005626
1. Entity Name
IGLESIA DE DIOS JOSUE 1:9, INC




Principal Place of Business: 2855 JUPITER BLVD S.E. PALM BAY FL 32909 US
Mailing Address: 955 COTORRO ROAD S.E. PALM BAY FL 32909 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: 59-3685194
Applied For: Not Applicable

City & State

Zip: Country

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, JORGE
955 COTORRO ROAD S.E.
PALM BAY FL 32909

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

FILE NOW: 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	PRES	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JORGE	
STREET ADDRESS	955 COTORRO ROAD S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NOEMI	
STREET ADDRESS	654 MURSET AVENUE S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	CARABALLO, REBECCA	
STREET ADDRESS	1657 ASHBORO CIRCLE S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	NEGRON, JANET	
STREET ADDRESS	1150 JORDAN COURT N.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000418186
02/13/06-80085-003 61.25

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