

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90109 025 ****61.25

DOCUMENT # N04000005901					
1. Entity Name IGLESIA DEL DIOS VIVIENTE COLUMNA BALUARTE DE LA VERDAD, INC.					
Principal Place of Business 6301 ORDUNA DR SEBRING, FL 33872			Mailing Address 6301 ORDUNA DR SEBRING, FL 33872		
2. Principal Place of Business <i>6219 Orduna Dr</i>		3. Mailing Address <i>6219 Orduna Dr</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032006 Chg-NP CR2E037 (11/05)	
City & State <i>Sebring FL</i>		City & State <i>Sebring FL</i>		4. FEI Number 57-1197300	
Zip <i>33872</i>		Country <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELLON, ORLANDO 6301 ORDUNA DR SEBRING, FL 33872				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 _____ <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, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 DP	NAME VELLON, ORLANDO			<input type="checkbox"/> Delete	
STREET ADDRESS 6301 ORDUNA DR	CITY - ST - ZIP SEBRING, FL 33872				
TITLE DV	NAME RIVERA, MARIA Z			<input type="checkbox"/> Delete	
STREET ADDRESS 6301 ORDUNA DR	CITY - ST - ZIP SEBRING, FL 33872				
TITLE D	NAME MERCED, VIDANNYS			<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 6301 ORDUNA DR	CITY - ST - ZIP SEBRING, FL 33872				
TITLE _____	NAME _____			<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____			<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____			<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY - ST - ZIP _____				
TITLE _____	NAME _____			<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY - ST - ZIP _____				
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 another like empowered.					
SIGNATURE: _____ <i>Orlando Vellon</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>4-6-06</i> Daytime Phone # _____	