# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # N04000007930**

1. Entity Name

IGLESIA CASA DEL ALFARERO ASAMBLEAS DE DIOS, ALACHUA, FLORIDA, INC.



Principal Place of Business

735 NW 91ST STREET GAINESVILLE, FL 32607

Mailing Address

PO BOX 358026 GAINESVILLE, FL 32605

## FILED Jul 30, 2007 8:00 am Secretary of State

07-30-2007 90089 001 \*\*\*\*61.25 07-30-2007 90089 002 \*\*\*\*8.75

COUMUUIT



07202007 No Chg-NP

CR2E037 (4/06)

 FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, PEDRO PASTOR 6715 NW 29TH TERRACE GAINESVILLE, FL 32653

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or i	registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	e il applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
Filing Fee is \$61.25  Due by September 14, 2007  9. Election Campaign Finance Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, PEDRO A . 6715 NW 29TH TERRACE GAINESVILLE, FL 32663		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T GUZMAN, MYRNA E 5901 NW 30TH TERRACE GAINESVILLE, FL 32653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME 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 eq address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # N04000007930** ATTACHMENT 66020671 1. Entity Name IGLESIA CASA DEL ALFARERO ASAMBLEAS DE DIOS. ALACHUA, FLORIDA, INC. Principal Place of Business Mailing Address 735 NW 91ST STREET PO BOX 358026 GAINESVILLE, FL 32607 GAINESVILLE, FL 32605 07202007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARRERO, PEDRO PASTOR DO NOT WRITE 6715 NW 29TH TERRACE GAINESVILLE, FL 32653 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. Signatura, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Due by September 14, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MARRERO, PEDRO A STREET ADDRESS 6715 NW 29TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32663 TITLE GUZMAN, MYRNA E STREET ADDRESS 5901 NW 30TH TERRACE CITY-ST-ZIP GAINESVILLE, FL 32653 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone a

12. Thereby certify that the information supplied with this filling 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.