

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

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

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

DO NOT WRITE IN THIS SPACE



07202007 No Chg-NP

CR2E037 (4/06)

4. 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**

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 September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARRERO, PEDRO A
STREET ADDRESS 6715 NW 29TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32663

TITLE S-T
NAME GUZMAN, MYRNA E
STREET ADDRESS 5901 NW 30TH TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 #

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ATTACHMENT

66020671

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