

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010731

FILED  
Jun 27, 2008  
Secretary of State

**Entity Name:** IGLESIA PROVISION DE DIOS, INC.

**Current Principal Place of Business:**

2737 N.W. 21ST.  
MIAMI, FL 33147

**New Principal Place of Business:**

2737 N.W. 21ST.  
MIAMI, FL 33147 US

**Current Mailing Address:**

6500 N.W. 2ND ST.  
MIAMI, FL 33126

**New Mailing Address:**

6500 N.W. 2ND ST.  
MIAMI, FL 33126 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PEREZ, ALFONSO  
6500 N.W. 2 ST.  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREZ, ALFONSO  
Address: 6500 N.W. 2ND ST.  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: GARCIA CANO, JOCHEBED  
Address: 4120 WEST 12TH AVENUE  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: LEMA, LIZET  
Address: 5105 S.W. 95TH AVE.  
City-St-Zip: COOPER CITY, FL 33328

Title: TD ( ) Delete  
Name: PEREZ, NANCY  
Address: 6500 N.W. 2ND ST.  
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete  
Name: LEMA, PEDRO  
Address: 5105 N.W. 95TH AVE.  
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete  
Name: GRAFALS, MAGALY  
Address: 6361 S.W. 35TH CT.  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO PEREZ

PD

06/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date