

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001040

FILED
Feb 25, 2008
Secretary of State

Entity Name: IGLESIA CENTRAL ADVENTISTA DEL 7MO DIA DE ST. CLOUD, INC.

Current Principal Place of Business:

33 E. 10TH STREET
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

33 E. 10TH STREET
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 36-4565017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JOSE A
2930 JEBIDIAH LOOP
SAINT CLOUD, FL 34772 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: ELDE () Delete
Name: PADILLA, DANIEL
Address: 2176 JESSA DR.
City-St-Zip: KISSIMMEE, FL 34743 US

Title: ELDE () Delete
Name: CABAN, RUBEN SR.
Address: 258 SATINWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: ELDE () Delete
Name: LOPEZ, JOSE A
Address: 2930 JEBIDIAH LOOP
City-St-Zip: SAINT CLOUD, FL 34772 US

Title: TREA () Delete
Name: LUGO, WILLIAM
Address: 724 CASTILLO PLACE
City-St-Zip: SAINT CLOUD, FL 34769 US

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:

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: WILLIAM LUGO

TREA

02/25/2008

Electronic Signature of Signing Officer or Director

Date