


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003766

1. Entity Name
PRIMERA IGLESIA DE DIOS EN VALRICO, INC.



Principal Place of Business
**703 S SAINT CLOUD AVE
 VALRICO, FL 33594**

Mailing Address
**903 NINA ELIZABETH CIRCLE
 #101
 BRANDON, FL 33510**



02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINTERO, HUGO
 903 NINA ELIZABETH CIRCLE
 #101
 BRANDON, FL 33510**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINTERO, HUGO 903 NINA ELIZABETH CIRCLE #101 BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, TERESITA 903 NINA ELIZABETH CIRCLE #101 BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORTEZ, MARIA 903 NINA ELIZABETH CIRCLE #101 BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000642303
 03/01/07-80037-023 61.25

DO NOT WRITE IN THIS SPACE

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____