

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90398 031 ****70.00

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1. Entity Name

IGLESIA LLAMAMIENTO CELESTIAL CORP.



Principal Place of Business

7220 S. US HWY. 41
DUNNELLON FL 34431

Mailing Address

21218
PEACH BLOSSOM ST.
DUNNELLON FL 34431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0552920

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

DELGADO, DAVID SR.
21218 SW PEACH BLOSSOM ST.
DUNNELLON FL. FL 34431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 info if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE *SR. Pastor* ☐ Delete
NAME *David Delgado SR.*
STREET ADDRESS *21218 SW Peach Blossom St.*
CITY-ST-ZIP *Dunnellon FL 34431*

TITLE *Co-Pastor* ☐ Delete
NAME *Carmelo Chica*
STREET ADDRESS *21086 Raintree St.*
CITY-ST-ZIP *Dunnellon FL 34431*

TITLE *~~David Delgado~~* ☐ Delete
NAME *~~David Delgado~~*
STREET ADDRESS *~~21218 SW Peach Blossom St.~~*
CITY-ST-ZIP *~~Dunnellon FL 34431~~*

TITLE *Treasurer* ☐ Delete
NAME *Christine Crespo*
STREET ADDRESS *20255 SW Marine Blvd.*
CITY-ST-ZIP *Dunnellon FL 34431*

TITLE *Secretary* ☐ Delete
NAME *Laura Delgado Raymond*
STREET ADDRESS *521 SE 12th St.*
CITY-ST-ZIP *Ocala FL 34471*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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]

3/26/06 (352) 465-5124