


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90044 027 \*\*\*\*61.25

<b>DOCUMENT # N05000009317</b>					
<b>1. Entity Name</b> IGLESIA LLAMAMIENTO CELESTIAL CORP.					
<b>Principal Place of Business</b> 7220 S. US HWY. 41 DUNNELLON, FL 34431			<b>Mailing Address</b> 21218 PEACH BLOSSOM ST. DUNNELLON, FL 34431		
<b>2. Principal Place of Business - No P.O. Box #</b> 19460 E. PENN. AVE.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Dunnellon FL.		<b>City &amp; State</b>		<b>4. FEI Number</b> 51-0552920	
<b>Zip</b> 34431		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DELGADO, DAVID SR. 21218 SW PEACH BLOSSOM ST. DUNNELON FL., FL 34431			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SRP <b>NAME</b> DELGEDO, DAVID SR <b>STREET ADDRESS</b> 21218 SW PEACH BLOSSOM ST <b>CITY-ST-ZIP</b> DUNNELLON, FL 34431	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Delgado, David SR. <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> COP <b>NAME</b> CHICO, CARMELO <b>STREET ADDRESS</b> 21086 RAINTREE ST <b>CITY-ST-ZIP</b> DUNNELLON, FL 34431	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> CRESPE, CHRISTINE <b>STREET ADDRESS</b> 20255 SW MARINE BLVD <b>CITY-ST-ZIP</b> DUNNELLON, FL 34431	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Emilia Gomez <b>STREET ADDRESS</b> 22061 SW Nautilus Blvd. <b>CITY-ST-ZIP</b> Dunnellon FL 34431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> RAYMOND, LAURA D <b>STREET ADDRESS</b> 521 SE 12 ST <b>CITY-ST-ZIP</b> OCALA, FL 34471	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/2/07 (352) 465-5124 Date Daytime Phone #		