

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009581

FILED
Mar 22, 2006
Secretary of State

Entity Name: IGLESIA DE DIOS CASA DE ALABANZA INC.

Current Principal Place of Business:

1686 E HWY #100 2ND FLOOR
PALM COAST, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351426
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-0766968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEJEDA, FERMIN
27 WHIRLAWAY DR
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

TEJEDA, FERMIN
256 WESTHAMPTON DR
PALM COAST, FL 32164 US

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: FERMIN TEJEDA

03/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TEJEDA, FERMIN
Address: PO BOX 351426
City-St-Zip: PALM COAST, FL 32135

Title: DS () Delete
Name: THOMPSON, ANNA
Address: PO BOX 351426
City-St-Zip: PALM COAST, FL 32135

Title: DT () Delete
Name: DOMENECH, ANA
Address: 937 KENNEDY DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D () Delete
Name: MATAMOROS, GLORIA
Address: 57 PINE CREST LN
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: THOMPSON, ANNA
Address: PO BOX 351426
City-St-Zip: PALM COAST, FL 32135

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 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: ANNA THOMPSON

DS

03/22/2006

Electronic Signature of Signing Officer or Director

Date