## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010095

City-St-Zip:

FILED Jul 11, 2006 Secretary of State

Entity Nar	me: IGLESIA DE DIOS TORRE FUERTE, INC		
Current Principal Place of Business:		New Princ	cipal Place of Business:
601 NASS/ APT # 4			
IMMOKALE	EE, FL 34142		
Current Mailing Address:		New Mailing Address:	
601 NASSA APT # 4 IMMOKALE	AU ST EE, FL 34142		
	ce with s. 607.193(2)(b), F.S., the corporation did not receiv	· <del>-</del>	e.
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
601 NASS/ APT # 4	, ROBERTO AU ST EE, FL 34142 US		
	named entity submits this statement for the purpose of Florida.	e of changing i	its registered office or registered agent, or both,
SIGNATUR	RE.		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete STEVENS, ROBERTO 601 NASSAU ST APT # 4 IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition STEVENS, ROBERTO 601 NASSAU ST APT # 4 IMMOKALEE, FL 34142 US
Title: Name: Address: City-St-Zip:	VP () Delete STEVENS, ELVIRA M 601 NASSAU ST APT # 4 IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition STEVENS, ELVIRA M 601 NASSAU ST APT # 4 IMMOKALEE, FL 34142 US
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition AGUILAR, PETORNILO V 605 NASSAU ST. APT. # 4 IMMOKALEE, FL 34142 US
Title: Name: Address:	( ) Delete	Title: Name: Address:	D ( ) Change (X) Addition VASQUEZ, CRUZ 605 NASSAU ST. APT. # 4

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.

City-St-Zip:

IMMOKALEE, FL 34142

SIGNATURE: ROBERT STEVEN Ь, 07/11/2006