## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 9

## **Secretary of State** DOCUMENT # N05000010556 01-20-2006 90045 001 \*\*\*\*61.25 IGLESIA DE DIOS REFUGIO, INC. 01-20-2006 90045 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 2757 N. FLORIDA AVE. 2757 N. FLORIDA AVE. TAMPA, FL 33602 TAMPA, FL 33602 66000193 2. Principal Place of Business 3. Mailing Address Ave. 2747 N. Florida 1313 W. Broad Suite, Apt. #, etc. Suite, Apt. #, etc. 01082006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Number Tampa Tampa Not Applicable 336D2 Country Country \$8.75 Additional 5. Certificate of Status Desired X 4.S.A. 33604 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, JOHN 1313 W. BROAD ST. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33604 City 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. 1/11/2006 Johin Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition LOPEZ, JOHN NAME STREET ADDRESS 1313 W. BROAD ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ☐ Addition MATEO, EDWIN NAME NAME 4829 CYPRESS TREE DR. STREET ADDRESS STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PEREZ, CARMEN N 4949 MARBRISA DR., APT. 209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP Delete III F TITLE ☐ Change ■ Addition LOPEZ, IRMA NAME NAME STREET ADDRESS 1313 W. BROAD ST. STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TERF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exsevte 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 flips empowered.

FILED

Jan 20, 2006 8:00 am