

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

02-12-2007 90112 021 ****66.25

DOCUMENT # N05000010556 1. Entity Name IGLESIA DE DIOS REFUGIO, INC.					
Principal Place of Business 2747 N. FLORIDA AVE. TAMPA FL 33602			Mailing Address 1313 W BROAD ST TAMPA FL 33604		
2. Principal Place of Business - No P.O. Box # 2747 N Florida Ave		3. Mailing Address 1313 W Broad St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa, FL		City & State Tampa FL			
Zip 33602		Country 		Zip 33604	
Country 		Country 			
4. FEI Number AP-PLIED FOR			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LOPEZ, JOHN 1313 W. BROAD ST. TAMPA FL 33604			7. Name and Address of New Registered Agent Name SAME 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 <i>John Lopez</i> 3/17/07 2/1/07 <small>Signature (need to print name of registered agent first) (Note: Registered Agent signature required when transferring)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO <input type="checkbox"/> Delete LOPEZ, JOHN 1313 W. BROAD ST. TAMPA FL 33604		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete MATEO, EDWIN 4829 CYPRESS TREE DR. TAMPA FL 33624		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD <input type="checkbox"/> Delete PEREZ, CARMEN N 4949 MARBRISA DR., APT. 209 TAMPA FL 33624		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D <input type="checkbox"/> Delete LOPEZ, IRMA 1313 W. BROAD ST. TAMPA FL 33609		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John Lopez</i> 3/17/07 2/1/07 <i>Carmen N Perez</i> 2/2/07 813-932-4897 813-960-5702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

3/22/07
JML
JL



ATTACHMENT
66006478

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2007

IGLESIA DE DIOS REFUGIO, INC.
1313 W BROAD ST
TAMPA, FL 33604

Subject: IGLESIA DE DIOS REFUGIO, INC.

Reference Number: N05000010556

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$66.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SG
ANNUAL REPORTS SECTION

We don't have FEI
we don't need.
Thank's
from HHS