2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SEQ#306-90026-033-$61.25-$61.25

DOCUMENT # N05000011194

1. Entity Name.
IGLESIA MOVIMIENTO DE VIDA Y PODER 1RA CORINTIOS 2:5, INC.

FILED
06 OCT 20 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2 LAKEVIEW PLZ. 1420 HWY. 20 INTERLACHEN, FL 32148	2 LAKEVIEW PLZ. 1420 HWY. 20 INTERLACHEN, FL 32148

2. Principal Place of Business	3. Mailing Address
Lakeview PLZ	121 Guy AVE.
Suite, Apt. #, etc.: 1420 HWY. 20	Suite, Apt. #, etc.
City & State: Interlachen F.l	City & State: Interlachen F.l
Zip: 32148 Country	Zip: 32148 Country

G82232006 Chg-NP CR2E037 (4/06) 06

4. FEI Number: 7608-38-408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL TORO CRUZ, JORGE F
2 LAKEVIEW PLZ.
1420 HWY. 20
INTERLACHEN, FL 32148

7. Name and Address of New Registered Agent

Name: DAMARIS RAMOS
Street Address (P.O. Box Number is Not Acceptable)
512 Annette Ave
City: Interlachen F.l FL Zip Code: 32148

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: _____ DATE: 10/12/06
Signature required for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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-ST-ZIP	Pastor. Jorge del Toro Cruz. AVE. Guy #121 Interlachen F.l 32148 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Jorge F. del Toro C.
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #