

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011194

FILED  
Feb 25, 2010  
Secretary of State

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

**Current Principal Place of Business:**

LAKEVIEW PLZ  
1420 HWY. 20  
INTERLACHEN, FL 32148

**New Principal Place of Business:**

179 MILLER SQUARE  
INTERLACHEN, FL 32148

**Current Mailing Address:**

302 LAKEVIEW TRL.  
INTERLACHEN, FL 32148

**New Mailing Address:**

**FEI Number:** 76-0838408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALICEA, PRISCILLA  
6710 ST. JOHNS AVE.  
APT. 423  
PALATKA, FL 32177 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GOITIA, MINERVA  
Address: URB VALLE HERMOSO CIMARGARITA ST-21  
City-St-Zip: HORMIGUEROS, PR

Title: V  
Name: PAGAN-IRIZARRY, HECTOR I  
Address: CALLE SANTIAGO NEGRONI # 14  
City-St-Zip: YAUCO, PR 00698

Title: T  
Name: BASABE, JUAN A  
Address: 302 LAKEVIEW TRL.  
City-St-Zip: INTERLACHEN, FL 32148

Title: P  
Name: SANCHEZ, JUAN M  
Address: 6710 ST. JOHNS AVE. APT. 423  
City-St-Zip: PALATKA, FL 32177

I hereby 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 all other like empowered.

SIGNATURE: MINERVA GOITIA

P

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date