


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

03-26-2007 90046 031 \*\*\*\*61.25

**DOCUMENT # N06000003127**

1. Entity Name  
 IGLESIA CHRISTIANA FORTALEZA DIVINA, INC.



Principal Place of Business  
 2108 THONOTOSASSA RD.  
 PLANT CITY, FL 33563

Mailing Address  
 2108 THONOTOSASSA RD.  
 PLANT CITY, FL 33563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 PO 1454

Suite, Apt. #, etc.

City & State  
 PLANT CITY FL

City & State  
 PLANT CITY FL

Zip  
 33563

Country  
 USA



03202007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

PETITJEAN, CYNTHIA M ESQ.  
 1306 THONOTOSASSA RD.  
 PLANT CITY, FL 33563

4. FEI Number  
 20-4533297

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
 DIANA MELENDEZ

Street Address (P.O. Box Number is Not Acceptable)  
 2108 THONOTOSASSA RD

City  
 PLANT CITY FL

Zip Code  
 33563

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating)

DATE 3-20-07

Filing Fee is \$61.25 Due by May 1, 2007

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete                   |
|-------|------|----------------|-------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE                | NAME               | STREET ADDRESS         | CITY-ST-ZIP         | Change                   | Addition                            |
|----------------------|--------------------|------------------------|---------------------|--------------------------|-------------------------------------|
| PRESIDENT            | GUILLERMO MELENDEZ | 2108 THONOTOSASSA ROAD | PLANT CITY FL 33563 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SECRETARY, TREASURER | DIANA MELENDEZ     | 2108 THONOTOSASSA ROAD | PLANT CITY FL 33563 | <input type="checkbox"/> | <input type="checkbox"/>            |
| ASSISTANT SECRETARY  | MARIA ELENA LEON   | 2108 THONOTOSASSA RD   | PLANT CITY FL 33563 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                      |                    |                        |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
|                      |                    |                        |                     | <input type="checkbox"/> | <input type="checkbox"/>            |
|                      |                    |                        |                     | <input type="checkbox"/> | <input type="checkbox"/>            |

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: *[Signature]* DATE: 3-20-07 DAYTIME PHONE #: 813-707-9016