


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.		Suite, Apt. #, etc.			
City & State		City & State PLANT CITY FL		4. FEI Number 20-4533297	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33563		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PETITJEAN, CYNTHIA M ESQ. 1306 THONOTOSASSA RD. PLANT CITY, FL 33563			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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title, applicable.</small>			DATE 3-20-07		
Filing 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			PRESIDENT GUILLERMO MELENDEZ 2108 THONOTOSASSA ROAD PLANT CITY FL 33563		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SECRETARY, TREASURER DIANA MELENDEZ 2108 THONOTOSASSA ROAD PLANT CITY FL 33563		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ASSISTANT SECRETARY MARIA ELENA LEON 2108 THONOTOSASSA RD PLANT CITY FL 33563		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change <input type="checkbox"/> Addition <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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3-20-07		
Daytime Phone #			813-707-9016		