## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0600003127  1. Entity Name IGLESIA CHRISTIANA FORTALEZA DIVINA, INC.					03-26-2007 900	)46 031 ****61	1.25
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					
Suite, Apt. #, etc.		<b>Po 1454</b> Suite, Apt. #, etc.		03202007	Chg-NP C	R2E037 (12/06)	
City & State		City & State PLANT CITY FL		4. FEI Number	4533297	No	plied For Applicable
Zip	Country	33563	Country USA			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
PETITJEAN, CYNTHIA M ESQ.			Name	DIANA MELENDEL			
1306 THONOTOSASSA RD. PLANT CITY, FL 33563			Street Ac	ddress (P.O. Box Number	NOT D SASS	A RD	
							- 770
					174	FL Zio Code	563
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.							
$N_{\rm h} = 0.00$							
SIGNATURE Signature, typed or printed name or registered agent and title (applicyble. (NOTE: Registered Agent signature required when reinstating)  DATE							
( 1 )	nted name or registered agent and title	applicable. (NOTE: F	Registered Agent signatu	ire required when reinstating)		DATE	-
Filing Fee is Due by May	s \$61.25 1, 2007	9. Election Camp Trust Fund Co	paign Financing intribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	ate
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Filing Fee is Due by May  10.  HILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	s \$61.25 1, 2007	9. Election Camp Trust Fund Co	naign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees  ADDITIONS/CHA  PRESIDENT  GUILLER MI  2108 THON  PLANT  SECRETARY	Florida  NGES TO OFFICERS A  TO MELEN  OOTO SASSA  CITY FL  TLEASUL B	Department of St  AND DIRECTORS IN  Change  DE 2.  POAT)  33563	ate 10
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12. I nereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-20-07 8

813-707-9016