

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90076 023 ****61.25

DOCUMENT # N06000003127

1. Entity Name
IGLESIA CRISTIANA FORTALEZA DIVINA, INC.



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

Mailing Address
**P.O. BOX 1454
 PLANT CITY, FL 33563**

50001454



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03212008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-4533297

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

MELENDEZ, DIANA
2108 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 Diana Melendez (NOTE: Registered Agent signature required when reinstating) DATE 3-21-2008

Filing Fee is \$61.25 Due by May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	MELENDEZ, GUILLERMO	
STREET ADDRESS	2108 THONOTOSASSA RD.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MELENDEZ, DIANA	
STREET ADDRESS	2108 THONOTOSASSA RD.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ELENA LEON, MARIA	
STREET ADDRESS	2108 THONOTOSASSA RD.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ELENA LEON	
STREET ADDRESS	2108 THONOTOSASSA RD	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	ASST SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASIEL NOLASCO	
STREET ADDRESS	2108 THONOTOSASSA RD	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Diana Melendez DATE 3-21-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR