

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03212008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-4533297

Applied For
Not Applicable

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-21-2008
DATE

Filing Fee is \$81.25
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 NAME ☐ Delete
P MELENDEZ, GUILLERMO
STREET ADDRESS 2108 THONOTOSASSA RD.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE NAME ☐ Delete
ST MELENDEZ, DIANA
STREET ADDRESS 2108 THONOTOSASSA RD.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE NAME ☐ Delete
AS ELENA LEON, MARIA
STREET ADDRESS 2108 THONOTOSASSA RD.
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
DIRECTOR MARIA ELENA LEON
STREET ADDRESS 2108 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY FL 33563

TITLE NAME ☐ Change ☒ Addition
ASST SEC HASIEL NOLASCO
STREET ADDRESS 2108 THONOTOSASSA RD
CITY-ST-ZIP PLANT CITY FL 33563

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2008
Date

Daytime Phone #