## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003127

FILED Jan 30, 2009 Secretary of State

Entity Name: IGLESIA CRISTIANA FORTALEZA DIVINA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2108 THONOTOSASSA RD. PLANT CITY, FL 33563 **Current Mailing Address: New Mailing Address:** P.O. BOX 1454 P.O. BOX 1454 PLANT CITY, FL 33563 PLANT CITY, FL 33564 FEI Number: 20-4533297 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELENDEZ, DIANA MELENDEZ, DIANA 2108 THOMÓTOSASSA RD 2108 THONÓTOSASSA RD. PLANT CITY, FL 33563 PLANT CITY, FL 33563 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. SIGNATURE: 01/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MELENDEZ, GUILLERMO Name: Name: Address: 2108 THONOTOSASSA RD. Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: () Delete Title: () Change () Addition MELENDEZ, DIANA Name: Name: Address: 2108 THONOTOSASSA RD. Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: (X) Delete Title: () Change () Addition LEON, MARIA E Name: Name: 2108 THONOTOSASSRT RD. Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: AS (X) Delete Title: () Change () Addition Name: NOLASCO, HASIEL Name: 2108 THONOTOSASSA RD Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MELENDEZ ST 01/30/2009