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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08 OCT -8 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09012008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000006030			
1. Entity Name IGLESIA DE DIOS EL SANTO DE ISRAEL INC.			
Principal Place of Business 39440 LINCOLN AVE ZEPHYRHILLS, FL 33542 US		Mailing Address P.O. BOX 533 ZEPHYRHILLS, FL 33539 US	
2. Principal Place of Business - No P.O. Box # 39440 Lincoln AV Suite, Apt. #, etc. Zephyrhills, FL 33542 City & State		3. Mailing Address P.O. BOX 533 Suite, Apt. #, etc. Zephyrhills, FL 33539 City & State	
Zip	Country US	Zip	Country US
4. FEI Number 80-0278051		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHURCH OF GOD SOUTHEASTERN HISPANIC REGION 7712 E. CHELSEA ST. TAMPA, FL 33680		7. Name and Address of New Registered Agent Name: <u>Miriam Estrada</u> Street Address (P.O. Box Number is Not Acceptable): <u>6741 Dairy Rd</u> <u>Zephyrhills</u> <u>33542</u> City: <u>FL</u> Zip Code	
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: <u>Miriam Estrada</u> DATE: <u>9/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, MIRIAM	NAME	
STREET ADDRESS	8741 DAIRY RD.	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, DAVID	NAME	
STREET ADDRESS	39558 MIDDLEWOOD LOOP	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ANA	NAME	
STREET ADDRESS	828 SPICEWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, ANGEL L	NAME	
STREET ADDRESS	38434 LINCOLN AVE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Miriam Estrada</u>		DATE: <u>9/2/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	