


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90163 043 \*\*\*\*70.00

**DOCUMENT # N07238**  
 1. Entity Name  
**IGLESIA DE MINISTERIOS CRISTIANOS DIOS ES AMOR INC.**



Principal Place of Business  
**813 S. 8TH AVE., WAUCHULA, FL.  
 P O BOX 1169  
 ZOLFO SPRINGS, FL 33890**

Mailing Address  
**813 S. 8TH AVE., WAUCHULA, FL.  
 P O BOX 1169  
 ZOLFO SPRINGS, FL 33890**

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

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

City & State

Zip Country

01252007 Chg-NP CR2E037 (12/06)



4. FEI Number  
**56-2626907**

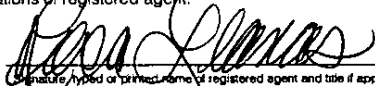
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LLANAS, ROSE  
 3426 MARION ST  
 ZOLPHO SPRINGS, FL 33890**

7. Name and Address of New Registered Agent  
 Name **ROSA LLANAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**813 S. 8th Ave**  
 City **WAUCHULA** FL Zip Code **33873**

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  DATE **4/23/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
 Due by **May 1, 2007**

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 STREET ADDRESS CITY-ST-ZIP	PD LLANAS, ROSA 813 S. 8TH AVE WAUCHULA, FL 33873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTEFANA ALVARADO 430 DADE ST BOWLING GREEN, FL 33834	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NARANJO, ORALIA 309 N 8TH AVE WAUCHULA, FL 33873	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LLANAS, DONAELANO 813 S. 8TH AVE WAUCHULA, FL 33873	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA LLANAS Donaciano 813 S. 8th Ave. Wauchula, FL. 33873	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PD DATE **4/23/07** DAYTIME PHONE # **863-773-0897**