## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Mar 10, 2008 8:00 am

|   | ANNUAL REPURI   |  |  |             |   |                   | 40                                     | of CI                           |  |
|---|---|--|--|-------------|---|-------------------|--|---------------------------------|--|
| DOCUMENT # N07238  1. Entity Name IGLESIA DE MINISTERIOS CRISTIANOS DIOS ES AMOR INC.   |   |  |  |             |   | Secre<br>03-10-20 | tary<br>08 90076                       |                                 |  |
| P O BOX 116<br>ZOLFO SPRIM  | AVE., WAUCHULA, FL.<br>69<br>1GS, FL 33890  | Mailing Address<br>813 S. 8TH AVE., WAUCH<br>P O BOX 1169<br>ZOLFO SPRINGS, FL 338 |  |             | 40  | 04250             |  |                                 |  |
| A) A  | dace of Business - No P.O. Box #  5, STA AVC  | 3. Mailing Address P.O. Box 116 Suite, Apt. #, etc.                                | 9  |             |   |                   |  | 11 1111 BIJH 1111               | (1 <b>5)                                    </b> |
| 00.10, 7 \$1.   |   | , , , , , , , , , , , , , , , , , , ,  |  |             | 02242008  | Chg-NP            | CR2E0                                  | 37 (12/06)                      |  |
| Wault   | rula, Florida   | Zolfo Springs  | FI.  | _           | 4. FEI Number 56-2626   | 907               |  | No                              | plied For<br>t Applicable                        |
| <u> ~~</u> ろな   | 373 Country A   | <sup>zip</sup> 33890   | Country, S   | <i>A</i> .  | 5. Certificate o  | f Status Desired  | <b>×</b>                               | \$8.75 Add<br>Fee Required      |  |
|   | 6. Name and Address of Current  | Registered Agent   | Nome   | ,           | 7. Name and   | ddress of Nev     | v Registered                           | Agent                           |  |
| LLANAS, ROSA  |   |  |  |             | NAS KOSA P.O. Box Number is Not Acceptable)                           |                   |  |                                 |  |
| 813 S. 8TH<br>WAUCHUL   | 1 AVE<br>LA, FL 33873   |  | Street AL  | auress (r   | 20. BOX NUMBER  | S NOT ACCEPTE     | <del></del>                            |                                 |  |
|   |   |  | City   | 368         | KAIPh   | <u> 5MHh</u>      | <u>Kd.</u>                             | Zin Code                        | ~~~  |
|   |   |  | N  | <u>)qu</u>  | <u>Chula</u>  |                   | FL                                     | -   133                         | 73/3   |
|   | named entity submits this statement fo<br>ions of registered agent.   | r the purpose of changing its re   | gistered office or   | registere   | ed agent, or both   | , in the State of | Florida. I am                          | tamiliar with,                  | and accept                                       |
|   |   |  |  |             |   |                   |  |                                 |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent  | and title if applicable. (NOTE: Re   | Indistract Appet signatur  |             |   |                   |  |                                 | <del></del>                                      |
|   |   |  | ofiera on uffern efficien  | re required | when reinstating)   |                   | DATE                                   |                                 |  |
| •   | Filing Fee is \$61.25<br>Due by May 1, 2008   | 9. Election Campo<br>Trust Fund Cor  | aign Financing   |             | \$5.00 May Be<br>Added to Fees  | Figure 1          |  | k payable to                    |  |
| ×10.  | Due by May 1, 2008 OFFICERS AND DIF   | 9. Election Campa<br>Trust Fund Cor  | aign Financing   |             | \$5.00 May Be   | F                 | Make chec<br>lorida Depar              | rtment of St                    | ate  |
| ×10. • HILE NAME STREET ADDRESS CITY-ST-ZIP   | Due by May 1, 2008  | 9. Election Campa<br>Trust Fund Cor  | aign Financing<br>ntribution.  | PD A        | \$5.00 May Be<br>Added to Fees  | NGES TO OFFI      | Make chec<br>lorida Depar              | rtment of St                    | ate  |
| NAME<br>STREET ADDRESS  | OFFICERS AND DIF PD LLANAS, ROSA: 2 813 S. 8TH AVE  | 9. Election Camp. Trust Fund Cor   | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD LLAM PO. | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHAI<br>VAS ROS<br>SOX 521 | NGES TO OFFI      | Make chec<br>lorida Depá<br>CERS AND D | RECTORS IN                      | ate 10   |
| • HITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | Due by May 1, 2008  OFFICERS AND DIF  PD LLANAS, ROSA, 813 S. 8TH AVE WAUCHULA, FL 33873  VD ESTEFANA ALVARADO 430 DADE ST  | 9. Election Camp. Trust Fund Cor RECTORS   | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD LLAM PO. | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHAI<br>VAS ROS<br>SOX 521 | NGES TO OFFI      | Make chec<br>lorida Depá<br>CERS AND D | rtment of St<br>IRECTORS IN     | 10 Addition                                      |
| • LITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | Due by May 1, 2008  OFFICERS AND DIF  PD LLANAS, ROSA; 813 S. 8TH AVE WAUCHULA, FL 33873  VD ESTEFANA ALVARADO 430 DADE ST BOWLING GREEN, FL 33834  SD LLANAS, DONACIANO 813 S. 8TH AVE | 9. Election Camp. Trust Fund Cor  BECTORS  Delete                                  | aign Financing ntribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD LLAM PO. | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHA                        | NGES TO OFFI      | Make chec<br>lorida Depá<br>CERS AND D | RECTORS IN  Change  (72) Change | 10 Addition                                      |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Due by May 1, 2008  OFFICERS AND DIF  PD LLANAS, ROSA; 813 S. 8TH AVE WAUCHULA, FL 33873  VD ESTEFANA ALVARADO 430 DADE ST BOWLING GREEN, FL 33834  SD LLANAS, DONACIANO 813 S. 8TH AVE | 9. Election Camp. Trust Fund Cor BECTORS Delete                                    | aign Financing ntribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD LLAM PO. | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHAI<br>VAS ROS<br>SOX 521 | NGES TO OFFI      | Make chec<br>lorida Depá<br>CERS AND D | TAT Change                      | 10 Addition 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 applemental 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 attackment with an address, with all other like empowered.

SIGNATURE:

KOSA LLANAS PA DOLO WARD YOSA LLANAS PA SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER ON OFFICEROR

Daytime Phone #

ATTACHMENT 40042500

|                                       | 3-7-08 #107238  |
|---------------------------------------|---|
|                                       |   |
|                                       | Dept. of State,   |
|                                       |   |
|                                       | IN Box 2 Que physical Address Change<br>Now. We didn't know that 813 was the pastorage<br>house No. and that the Church building had                |
|                                       | Now. We didn't know that 813 was the pastorage  |
| <del></del>                           | house No. and that the Church building had  |
|                                       | a different No. which is 807 So we want to Make   |
|                                       | a different No. which is 807 So we want to Make the Change from 813 to 807.5.8th Are.   |
|                                       | V   |
|                                       | IN Box 11 We want to make the Changes of  |
|                                       | activess only because we get our mail at P.O. Box   |
|                                       | 521 Zolfo Springs, H. but our Physical address  |
|                                       | activess only because like get our mail at P.O. Box. 521 Zolfo Springs, Tf. but our Physical address is 2368 Ralph Smith Rd. These are the Changes. |
|                                       | O   |
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|                                       | IN Am,  |
|                                       | SANAS LANAS   |
|                                       |   |
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