

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07238

FILED
Jan 26, 2009
Secretary of State

Entity Name: IGLESIA DE MINISTERIOS CRISTIANOS DIOS ES AMOR INC.

Current Principal Place of Business:

8075 S 8TH AVE
WAUCHULA, FL 33873

New Principal Place of Business:

807 S. 8TH AVE
WAUCHULA, FL 33873

Current Mailing Address:

POB 1169
ZOLFO SPRINGS, FL 33890

New Mailing Address:

P.O.BOX 1169
ZOLFO SPRINGS, FL 33890

FEI Number: 56-2626907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LLANAS, ROSA
2368 RALPH SMITH RD
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

LLANAS, ROSA
2368 RALPH SMITH RD
WAUCHULA, FL 33873 US

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:

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLANAS, ROSA
Address: POB 521
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD () Delete
Name: ESTEFANA ALVARADO,
Address: 430 DADE ST
City-St-Zip: BOWLING GREEN, FL 33834

Title: SD () Delete
Name: LLANAS, DONACIANO
Address: POB 521
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LLANAS, ROSA
Address: P.O. BOX 521
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD (X) Change () Addition
Name: ESTEFANA ALVARADO,
Address: 430 DADE ST
City-St-Zip: BOWLING GREEN, FL 33834

Title: SD (X) Change () Addition
Name: LLANAS, DONACIANO
Address: P.O. BOX 521
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: ROSA LLANAS

P/D

01/26/2009

Electronic Signature of Signing Officer or Director

Date