

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008154

FILED
Apr 27, 2009
Secretary of State

Entity Name: IGLESIA VIDA, INC.

Current Principal Place of Business:

9737 NW 41ST STREET
SUITE 489
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9737 NW 41ST STREET
SUITE 489
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-3314363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL VALLE, JUAN C
6864 NW 109TH AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONNOUGH, JANE
Address: 27631 PINE PINT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: ALVAREZ, ERNESTO
Address: 2485 W. 76TH STREET #210
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: SANCHEZ-VAHAMONDE, ARTURO
Address: 4477 NW 93RD STREET
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: SIMONIC, NICHOLAS T
Address: 8750 PERIMETER PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: DEL VALLE, JUAN C
Address: 6864 NW 109TH AVENUE
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: DEL VALLE, KIM
Address: 6864 NW 109TH AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TORRES, MARIO
Address: 2811 NW 5TH ST.
City-St-Zip: MIAMI, FL 33125

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS (X) Change () Addition
Name: DEL VALLE, KIM
Address: 6864 NW 109TH AVENUE
City-St-Zip: DORAL, FL 33178

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: KIM DEL VALLE

DVPS

04/27/2009

Electronic Signature of Signing Officer or Director

Date