## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18105

FILED Jul 01, 2005 Secretary of State

Entity Name: IGLESIA DE DIOS CORONA DE VIDA INC

| Entity Name: IGLESIA DE DIOS CORONA DE VIDA, INC.   |  |   |
|---|--|---|
| Current Pr  | incipal Place of Business:   | New Principal Place of Business:  |
| 4441 TIFFII   | CTOR RIVERA<br>N AVENUE<br>LL, FL 34609 US                                     |   |
| Current Mailing Address:  |  | New Mailing Address:  |
| 4441 TIFFII   | CTOR RIVERA<br>N AVENUE<br>LL, FL 34609 US                                     | % REV HECTOR RIVERA<br>P.O. BOX 5743<br>SPRINGHILL, FL 34606 US   |
| FEI Number: 59-3005153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |   |
| RIVERA, H<br>4441 TIFFII<br>SPRINGHII   |  |   |
| The above in the State  |  | of changing its registered office or registered agent, or both,   |
| SIGNATUR  | E:   |   |
|   | Electronic Signature of Registered Agent                                       | Date  |
| OFFICERS AND DIRECTORS:   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD () Delete<br>RIVERA, HECTOR,<br>4441 TIFFIN AVENUE<br>SPRINGHILL, FL        | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | TD () Delete<br>LAVAIRE, JEANETTE<br>1745 LARKIN ROAD<br>SPRING HILL, FL 34608 | Title: TD (X) Change ( ) Addition Name: NIEVES, MARIA Address: 5336 AARON LANE City-St-Zip: SPRING HILL, FL 34608 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD () Delete<br>RODRIGUEZ, PABLO,<br>10248 NODDY TEN RD<br>BROOKSVILLE, FL     | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | S () Delete<br>ACEVEDO, ENEIDA,<br>10322 BANNOFK ST<br>SPRING HILL, FL 34608   | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  |
|   |  |   |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV. HECTOR RIVERA PD 07/01/2005