# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2006 8:00 am**
**Secretary of State**
04-07-2006 90041 017 ****70.00

DOCUMENT # N18105

1. Entity Name
IGLESIA DE DIOS CORONA DE VIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % REV HECTOR RIVERA<br>~~4441 TIFFIN AVENUE~~ 7197 Centerwood Ave.<br>SPRINGHILL, FL ~~34609~~ 34606 US | % REV HECTOR RIVERA<br>P.O. BOX 5743<br>SPRINGHILL, FL 34606 US |

03212006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3005153
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERA, HECTOR
4441 TIFFIN AVE
SPRINGHILL, FL 34609

**DO NOT WRITE IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | RIVERA, HECTOR |
| STREET ADDRESS | 4441 TIFFIN AVENUE |
| CITY-ST-ZIP | SPRINGHILL, FL |
| TITLE | TD |
| NAME | NIEVES, MARIA |
| STREET ADDRESS | 5336 AARON LANE |
| CITY-ST-ZIP | SPRING HILL, FL 34608 |
| TITLE | VD |
| NAME | RODRIGUEZ, PABLO |
| STREET ADDRESS | 10248 NODDY TEN RD |
| CITY-ST-ZIP | BROOKSVILLE, FL |
| TITLE | S |
| NAME | ACEVEDO, ENEIDA |
| STREET ADDRESS | 10322 BANNOFK ST |
| CITY-ST-ZIP | SPRING HILL, FL 34608 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 3/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #