2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33200

FILED Feb 19, 2007 Secretary of State

Entity Name: EL FARO ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: VICTOR E FELICIANO 12273 S US HWY 301 BELLEVIEW, FL 34420 **New Mailing Address: Current Mailing Address:** P.O. BOX 1270 SUMMERFIELD, FL 34492 US FEI Number: 59-2677672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELICIANO, VICTOR E 12273 S US HWY 301 US BELLEVIEW, FL 34420 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FELICIANO, VICTOR E.. Name: Name: 36 JUNIPER TRAIL RUN Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, FELCY Name: Name: Address: 3770 S.W. 137 PLACE Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: () Delete Title: () Change () Addition GARCIA, IVETTE Name: Name: 14921 SW 35 CIRCLE Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: CRUZ, PAULA Name: NAZARIO, ANA 2855 SW 166 LANE 3675 SW 150 LN. RD. Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: () Delete Title: (X) Change () Addition RAMOS, SONIA RUIZ, MARTHA Name: Name: 2989 SW 140 PLACE 3507 SE FORT KING ST. APT. 229 Address: Address: City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34472 Title: () Delete Title: (X) Change () Addition PASTRANA, EWDIN DIONICIO, TEJADA Name: Name: Address: 54 PINE TRACE Address: 14799 SW 27 CT. RD. OCALA, FL 34473 OCALA, FL 34472 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR E. FELICIANO PD 02/19/2007