

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33200

FILED
Feb 05, 2009
Secretary of State

Entity Name: EL FARO ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

VICTOR E FELICIANO
12273 S US HWY 301
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1270
SUMMERFIELD, FL 34492 US

New Mailing Address:

FEI Number: 59-2677672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELICIANO, VICTOR E
12273 S US HWY 301
BELLEVIEW, FL 34420 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: PD () Delete
Name: FELICIANO, VICTOR E.,
Address: 36 JUNIPER TRAIL RUN
City-St-Zip: OCALA, FL 34480

Title: TD () Delete
Name: RUIZ, MARTHA
Address: 3507 NE FORTKING STREET, APT. 229
City-St-Zip: OCALA, FL 34470

Title: SD () Delete
Name: RODRIGUEZ, HELEN
Address: 12372 SE 85TH CT
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: COTTO, VICTOR
Address: 120 COMMERCIAL STREET HWY 301
City-St-Zip: COLEMAN, FL 33521

Title: D () Delete
Name: TORRES, EDWIN
Address: 13380 SW 114TH PLACE
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: VALENTINO, STEPHEN
Address: 12321 SE 97TH AVE
City-St-Zip: BELLEVIEW, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: RUIZ, MARTHA E
Address: 6731 S E 1ST ST
City-St-Zip: OCALA, FL 34472

Title: SD (X) Change () Addition
Name: LUGO, LUZ A
Address: 1685 S W 107 LANE UNIT 1
City-St-Zip: OCALA, FL 34476

Title: D (X) Change () Addition
Name: RODRIGUEZ, ANA MARTA
Address: 1503 SHEFFIELD, RD
City-St-Zip: LEESBURG, FL 34748

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

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

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: VICTOR E. FELICIANO

VF

02/05/2009

Electronic Signature of Signing Officer or Director

Date