

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35032

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: EL FARO ASSEMBLY OF GOD OF LA BELLE, INC.

**Current Principal Place of Business:**

431 BRYAN AVE  
P.O. BOX 1152  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1152  
LA BELLE, FL 33975 US

**New Mailing Address:**

FEI Number: 65-0213054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VALENTIN, ISABEL  
210 S. HICKORY STREET  
P.O BOX 1152  
LA BELLE, FL 33975 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: VALENTIN, ISABEL REV.  
Address: 210 S HICKORY STREET  
City-St-Zip: LA BELLE, FL 33935

Title: D ( ) Delete  
Name: RAMIREZ, RAFEAL J  
Address: 4012 N.E. EDEWATER CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: D ( ) Delete  
Name: GONZALEZ, DANIEL,  
Address: 1290 EVANS RD.  
City-St-Zip: LA BELLE, FL

Title: SD ( ) Delete  
Name: AGUIRRE, RIGOBERTO  
Address: 565 SUSAN AVENUE  
City-St-Zip: LABELLE, FL 33935

Title: TD ( ) Delete  
Name: MAXIMILIANO, MARTINEZ  
Address: 431 BRYAN AVENUE - PO BOX 2721  
City-St-Zip: LABELLE, FL 33975

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: REV. ISABEL VALENTIN

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date