2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N35032

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

Current Principal Place of Business:

431 BRYAN AVE
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)**
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:

VALENTIN, ISABEL REV
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:	PAZ, ROSA G	
Address:	170 BRYAN AVENUE	
City-St-Zip:	LABELLE, FL 33935	
Title:	D	( ) Delete
Name:	BRIONES, VIVIANO	
Address:	680 OKLAHOMA AVENUE	
City-St-Zip:	LA BELLE, FL 33935	
Title:	SD	( ) Delete
Name:	RUEDA, PETRA	
Address:	597 PINEWOOD DRIVE	
City-St-Zip:	LABELLE, FL 33935	
Title:	TD	( ) Delete
Name:	ALFONSO, AUGUSTA E	
Address:	2370 EVANS ROAD	
City-St-Zip:	LABELLE, FL 33935	

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:	SD	(X) Change ( ) Addition
Name:	PLAZA, ISRAEL	
Address:	3019 BEACON LANE	
City-St-Zip:	LABELLE, FL 33935	
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: REV. ISABEL VALENTIN PD 05/05/2009
Electronic Signature of Signing Officer or Director — Date