

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35032

FILED  
May 09, 2012  
Secretary of State

**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)**

**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:**

VALENTIN, ISABEL REV  
4019 S EDGEWATER CIRCLE  
P.O BOX 1152  
LA BELLE, FL 33975 US

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:

05/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALENTIN, ISABEL REV.  
Address: 210 S HICKORY STREET  
City-St-Zip: LA BELLE, FL 33935

Title: D  
Name: PLAZA, ISRAEL  
Address: 3019 BEACON LANE  
City-St-Zip: LABELLE, FL 33935 US

Title: D  
Name: HERNANDEZ, EVA  
Address: 640 CITRUS STREET  
City-St-Zip: LABELLE, FL 33935

Title: SD  
Name: CORDOVA, GRACIELA R  
Address: 3357 CYPRESS LEGENDS CIRCLE #1422  
City-St-Zip: FORT MYERS, FL 33905

Title: TD  
Name: SALAS, ALMA  
Address: 4003 ALBANY ROAD  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: REV. ISABEL VALENTIN

PRES

05/09/2012

Electronic Signature of Signing Officer or Director

Date