

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N35546

1. Entity Name
IGLESIA CRISTIANA EMANUEL OF MONTURA, INC.



Principal Place of Business
136 AVENIDA DEL CLUB
CLEWISTON, FL 33440-9777

Mailing Address
136 AVENIDA DEL CLUB
CLEWISTON, FL 33440-9777



01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0166067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, LUIS B
9250 CR 833
CLEWISTON, FL 33440-9777

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALDERON, LUIS B REV.
STREET ADDRESS	9250 CR 833
CITY-ST-ZIP	CLEWISTON, FL 334409777
TITLE	O
NAME	CALDERON, WANDA
STREET ADDRESS	9250 CR 833
CITY-ST-ZIP	CLEWISTON, FL 334409777
TITLE	O
NAME	CRUZ, CARMEN J
STREET ADDRESS	665 SOUTH RIVERSIDE STREET
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	O
NAME	LOPEZ, PETRONA
STREET ADDRESS	130 PINE CONE AVE.
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000390012
01/23/06-80008-010 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis B. Calderon 1/10/2006 863-983-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #