## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36736

Address:

City-St-Zip:

FILED Jan 25, 2005 Secretary of State

Entity Name: PUERTA DEL CIELO ASSEMBLY OF GOD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 950 DOYLE ROAD DELTONA, FL 32725 US **Current Mailing Address: New Mailing Address:** P.O. BOX 5632 DELTONA, FL 327285632 US FEI Number: 59-3115708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLON, NATHANIEL 2301 ALTON ROAD DELTONA, FL 32738 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete COLON, NATHANIEL COLON, NATHANIEL Name: Name: 3470 APPLE ORCHARD ST Address: 2301 ALTON ROAD Address: DELTONA, FL 32738 City-St-Zip: City-St-Zip: DELTONA, FL 32738 Title: SD ( ) Delete Title: (X) Change ( ) Addition COLLAZO, ANN M Name: MURILLO, LEONIDAS Name: Address: 2906 CLOVIS DR Address: 3345 CRIMSON LANE City-St-Zip: DELTONA, FL 32738 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: SD (X) Change ( ) Addition LOPERENA, MARTA COLON, MAGDA I Name: Name: 1133 BARBADOS ST 2301 ALTON ROAD Address: Address: City-St-Zip: DEBARY, FL 32725 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: LOPERENA, MARTA 1133 BARBADOS ST Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32725 Title: () Delete Title: ( ) Change (X) Addition MORALES, MARIANO Name: Name: 2311 MONTANO ST Address: Address: City-St-Zip: City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: ( ) Change (X) Addition LOPERENA, RICHARD Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

1133 BARBADOS ST DELTONA, F 32725

SIGNATURE: NATHANIEL COLON PD 01/25/2005