2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N36736

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

Current Principal Place of Business:

950 DOYLE ROAD
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5632
DELTONA, FL 327285632 US

New Mailing Address:

FEI Number: 90-0286143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLON, NATHANIEL
2301 ALTON ROAD
DELTONA, FL 32738 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:	COLON, NATHANIEL	
Address:	2301 ALTON ROAD	
City-St-Zip:	DELTONA, FL 32738	
Title:	VPD	( ) Delete
Name:	MURILLO, LEONIDAS	
Address:	3345 CRIMSON LANE	
City-St-Zip:	DELTONA, FL 32738	
Title:	SD	( ) Delete
Name:	COLON, MAGDA I	
Address:	2301 ALTON ROAD	
City-St-Zip:	DELTONA, FL 32738	
Title:	TD	( ) Delete
Name:	ORTA, ANGEL R	
Address:	3192 NEWHOPE DR	
City-St-Zip:	DELTONA, FL 32738	
Title:	VD	( ) Delete
Name:	MORALES, MARIANO	
Address:	2311 MONTANO ST	
City-St-Zip:	DELTONA, FL 32738	
Title:	VD	( ) Delete
Name:	CAMACHO, MARIA	
Address:	295 DOGWOOD ST	
City-St-Zip:	ORANGE CITY, FL 32763	

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:	
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: NATHANIEL COLON PD 03/13/2009

Electronic Signature of Signing Officer or Director — Date