

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2007  
Secretary of State**

DOCUMENT# N51191

Entity Name: IGLESIA CATEDRAL DE VIDA, INC.

**Current Principal Place of Business:**

1006 S THACKER  
KISSIMMEE, FL 32741

**New Principal Place of Business:**

**Current Mailing Address:**

IGLESIA CATEDRAL DE VIDA  
PO BOX 450937  
KISSIMMEE, FL 347450937 US

**New Mailing Address:**

FEI Number: 59-3190290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SANTIAGO, JUSTINO  
241 FLORIDA PARKWAY BLVD  
KISSIMMEE, FL 34743 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: SANTIAGO, JUSTINO,  
Address: 241 FLORIDA PARKWAY BLVD  
City-St-Zip: KISSIMMEE, FL

Title: TD ( ) Delete  
Name: APONTE, IVELISSE,  
Address: VALENTINO CT #227  
City-St-Zip: DAVENPORT, FL

Title: SD ( ) Delete  
Name: QUIEL, MARIA  
Address: 755 CARIBOU DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MARTINEZ, LYMARI  
Address: 3178 WHOOPING CRANE RUN  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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: IVELISSE APONTE

TD

04/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date