2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000000750

Oct 23, 2006 Secretary of State

Entity Name: CENTRO CRISTIANO LATINOAMERICANO GETSEMANI ASAMBLEAS DE DIOS OF GAINESVILLE,

FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

404 NW 14TH AVENUE

GAINESVILLE, FL 32601 US

Current Mailing Address: New Mailing Address:

404 NW 14TH AVENUE

GAINESVILLE, FL 32601 US

FEI Number: 59-3164570 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:

LAJARA, IVAN E ROJAS, RAMON J 422 NW 14TH AVE 404 NW 14TH AVENUE

GAINESVILLE, FL 32601 US GAINESVILLE, FL 32601 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: RAMON J ROJAS 10/23/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LAJARA, IVAN E ROJAS, RAMON J Name: Name:

422 NW 14TH AVE Address: 404 NW 14TH AVE Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete Title: SD (X) Change () Addition Name: SIFONTES, JOSE J Name: LUVIS, EUNICE

Address: 205 SW 75TH ST APT 1-O Address: 515 SW LONG LEAF DR City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: LAKE CITY, FL 32024

Title: () Delete Title: (X) Change () Addition

SOSTRE, JOSÉ A MENDEZ, CARMEN Name: Name: 5830 SW 8TH PLACE Address: Address: 8333 NW 36 AVE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32606

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: RAMON J ROJAS PD 10/23/2006