

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000001675

1. Entity Name
IGLESIA AMOR DIVINO, ASAMBLEAS DE DIOS, INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90989 016 ****70.00

Principal Place of Business
8010 NW 103 ST
HIALEAH, FL 33016 US

Mailing Address
7864 NW 192 ST
HIALEAH, FL 33015 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0578403

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, LUIS REV.
5540 NW 183 ST
MIAMI, FL 33055

Name
MIRANDA, LUIS REV.

Street Address (P.O. Box Number is Not Acceptable)
7864 NW 192 ST

City
HIALEAH

FL Zip Code
33015

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS MIRANDA, LUIS
CITY-ST-ZIP 7864 NW 192 ST
HIALEAH, FL 33015 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS MIRANDA, NORMA R.
CITY-ST-ZIP 7864 NW 192 ST
HIALEAH, FL 33015 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS LOPEZ, MARIA
CITY-ST-ZIP 18011 NW 41 PLACE
OPA LOCKA, FL 33055 ☒ Delete

TITLE
NAME SECRETARY ☒ Change ☐ Addition
STREET ADDRESS ELSA VEGA
CITY-ST-ZIP 11201 SW 55 ST, LOT N-16-Box 97
MIRAMAR, FL. 33025

TITLE
NAME T
STREET ADDRESS MARQUEZ, JOSE
CITY-ST-ZIP 12714 SW 49 PLACE
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rev. Luis Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26th 05 (305) 829-8869