

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005071

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: IGLESIA JESUS EL CAMINO, INC.

**Current Principal Place of Business:**

6566 SW 33 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 440483  
MIAMI, FL 331440483

**New Mailing Address:**

FEI Number: 65-0629545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NOA, EDDY M  
13473 SW 256 TERRACE  
HOMESTEAD, FL 33032 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: NOA, EDDY M  
Address: 13473 SW 256 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete  
Name: SILVA, PEDRO ELDER  
Address: 9345 S.W. 7TH ST.  
City-St-Zip: MIAMI, FL 33175

Title: D ( ) Delete  
Name: NOA, CARMEN  
Address: 13473 SW 256 TERRACE  
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Delete  
Name: DOMINGUEZ, JOSE  
Address: 2736 NW 4 TERR AVENUE  
City-St-Zip: MIAMI, FL 33125

**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:

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: EDDY NOA

PD

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date