

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 09, 2006**  
**Secretary of State**

DOCUMENT# N96000003463

**Entity Name:** CENTRO MISIONERO AGAPE BIBLIA ABIERTA DE MOORE HAVEN INCORPORATED**Current Principal Place of Business:**300 AVENUE H  
MOORE HAVEN, FL 33471**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1245  
MOORE HAVEN, FL 33471**New Mailing Address:****FEI Number:** 65-0681526**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FIGUEROA, EDGAR  
201 AVE M  
MOORE HAVEN, FL 33471 US**Name and Address of New Registered Agent:**PEREZ, BARBARA J  
6170 NW 173RD ST.  
434  
MIAMI, FL 33015 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: BARBARA PEREZ

03/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS. ( ) Delete  
Name: PEREZ, BARBARA J  
Address: 6170 NW 173 ST, #434  
City-St-Zip: HIALEAH, FL 33015

Title: MRS. ( ) Delete  
Name: VALLEJO, ADELA  
Address: 211 RIDGEWOOD  
City-St-Zip: CLEWISTON, FL 33440

Title: MR. ( ) Delete  
Name: SANCHEZ, LORENZO  
Address: 371 AVENUE F  
City-St-Zip: MOORE HAVEN, FL 33471

Title: MR. ( ) Delete  
Name: MARTINEZ, DAVID  
Address: PO BOX 788  
City-St-Zip: MOORE HAVEN, FL 33471

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

Title: MR. (X) Change ( ) Addition  
Name: FIGUEROA, EDGAR  
Address: 201 AVENUE M  
City-St-Zip: MOORE HAVEN, FL 33471

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: BARBARA PEREZ

MS.

03/09/2006

Electronic Signature of Signing Officer or Director

Date