2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
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:

PEREZ, BARBARA J
6170 NW 173RD ST.
434
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

PEREZ, BARBARA J
201 AVENUE M
MOORE HAVEN, FL 33471 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 02/06/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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: ( ) 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: BARBARA PEREZ MS. 02/06/2007
Electronic Signature of Signing Officer or Director — Date