

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004143

FILED
Apr 14, 2005
Secretary of State

Entity Name: IGLESIA DE CRISTO MIEL GENESIS SHALOM, INC.

Current Principal Place of Business:

2801 COUNTY BARN RD.
NAPLES, FL 34112

New Principal Place of Business:

6920 IMMOKALEE RD.
NAPLES, FL 34119

Current Mailing Address:

3240 18 AVE. NE
NAPLES, FL 34120

New Mailing Address:

3195 10 AVE. NE
NAPLES, FL 34120

FEI Number: 65-0686278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONI, VICTOR E
3240 18 AVE NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

LEONI, VICTOR E
3780 10 AVE NE
NAPLES, FL 34120 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:

04/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEONI, VICTOR E
Address: 1591 WILSON BLVD. N
City-St-Zip: NAPLES, FL

Title: DVP () Delete
Name: LEONI, XIOMARA B
Address: 1591 WILSON BLVD. N
City-St-Zip: NAPLES, FL

Title: T () Delete
Name: PEREZ, ALVIN
Address: 1591 WILSON BLVD. N
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEONI, VICTOR E
Address: 3780 10 AVE NE
City-St-Zip: NAPLES, FL

Title: DVP (X) Change () Addition
Name: LEONI, XIOMARA B
Address: 3780 10 AVE NE
City-St-Zip: NAPLES, FL 34120

Title: T (X) Change () Addition
Name: PEREZ, ALVIN
Address: 3195 10 AVE NE
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR E. LEONI

DP

04/14/2005

Electronic Signature of Signing Officer or Director

Date