

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004143

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

6920 IMMOKALEE RD.
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

3195 10 AVE. NE
NAPLES, FL 34120

New Mailing Address:

FEI Number: 65-0686278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEONI, VICTOR E
3780 10 AVE NE
NAPLES, FL 34120 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: DP () Delete
Name: LEONI, VICTOR E
Address: 3780 10 AVE NE
City-St-Zip: NAPLES, FL

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

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

Title: S () Delete
Name: PEREZ, MARTHA
Address: 3195 10TH AVE NE
City-St-Zip: NAPLES, FL 34120

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 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: VICTOR LEONI

DP

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date