2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 31, 2008 08:00 AN Secretary of State DOCUMENT # N97000000785 1. Entity Name IGLESIA DE DIOS PENTECOSTAL, INC. Principal Place of Business Mailing Address 2146 N. HWY 17 SEVILLE FL 32190 PO BOX 582 PIERSON FL 32180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3034113 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDOZA, MARIA Street Address (P.O. Box Number is Not Acceptable) 578 N VOLUSIO PIERSON FL 32180 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title Tapplicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UQQQQQ876464 Delete TITLE TITLE 04/11/08-80073-024 CARBAJAL, ANTONIO NAME NAME 2142 N. HWY 17 STREET ADDRESS STREET ADDRESS SEVILLE FL 32190 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CASTANEDA, ALFREDO NAME 1300 COUNTY RD 302 STREET ADDRESS STREET ADDRESS CRESCENT CITY FL 32112 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition BARTOLO, JAIMES NAME NAME STREET ADDRESS RT 2 BOX 927 STREET ADDRESS CRESCENT CITY FL 32112 CITY-ST-7/F CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CARBOJAL, BALDOMERO NAME 114 MCBRIDE RD STREET ADDRESS STREET ADDRESS CRESCENT CITY FL 32112 CITY+ST-76 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete mu Change Addition Addition NAME MAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Partonia Controlol

3-25-08 (38b) 749-952

FILED