

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000879

FILED
Apr 12, 2006
Secretary of State

Entity Name: IGLESIA HISPANA EL MANA DE CIELO, INC.

Current Principal Place of Business:

55 NEBRASKA AVE NE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

226 STAFF DRIVE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

55 NEBRASKA AVE NE
FORT WALTON BEACH, FL 32548

New Mailing Address:

226 STAFF DRIVE
FORT WALTON BEACH, FL 32548

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS DE SALVIN, ELIZABETH A
55 NEBRASKA AVE NE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

RIVAS DE SALVIN, ELIZABETH A
226 STAFF DRIVE
FORT WALTON BEACH, FL 32548 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: ELIZABETH RIVAS DE SALVIN

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SALAZAR, HECTOR H
Address: 115B AIR FORCE, ST.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: MARTINEZ, BEATRIZ
Address: 94 NW FORSMAN CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD () Delete
Name: SALVIN, LUIS
Address: 55 NEBRASKA AVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SALVIN, LUIS
Address: 226 STAFF DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LUIS SALVIN

PSD

04/12/2006

Electronic Signature of Signing Officer or Director

Date