2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003444

FILED Feb 18, 2008 Secretary of State

Entity Name: IGLESIA CRISTIANA EMANUEL, A/D, INC. **Current Principal Place of Business: New Principal Place of Business:** 717 SKYLINE BOULEVARD CAPE CORAL, FL 33991 **Current Mailing Address: New Mailing Address:** 717 SKYLINE BOULEVARD CAPE CORAL, FL 33991 FEI Number: 65-0815222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALICEA, GILBERTO REV 2205 SE 3RD TERRACE CAPE CORAL, FL 33990 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALICEA, GILBERTO Name: Name: Address: 717 SKYLINE BOULEVARD Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: LOPEZ, CARMEN Name: Address: 615 NE 17TH PL Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: Title: () Delete Title: () Change () Addition RODRIQUEZ, MARIA Name: Name: 1305 JACARANDA PKWY E Address: Address: City-St-Zip: CAPE CORAL, FL 33909 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: GILBERTO ALICEA PRES 02/18/2008