2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# N97000005835

Entity Name: IGLESIA CRISTIANA DE DELTONA (DISCIPLES OF CHRIST) INC.

Current Principal Place of Business:

1596 ENTERPRISE OSTEEN
ENTERPRISE, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1596 ENTERPRISE OSTEEN
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: 59-3420362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, DAVID
2972 PORTSMOUTH ST
DELTONA, FL 32738 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: MD ( ) Delete
Name: DUGUE, AWILDA
Address: 1726 PINE AVE
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete
Name: RODRIGUEZ, HECTOR
Address: 3114 LYNNHAVEN ST
City-St-Zip: DELTONA, FL 32738

Title: FSD ( ) Delete
Name: MARTEL, EVELYN
Address: 565 TYLER AVE
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete
Name: DUGUE, JOSE
Address: 1726 PINE AVE
City-St-Zip: DELAND, FL 32724

Title: MOE ( ) Delete
Name: MORALES, JESUS
Address: 2431 GREENBRIAR ST.
City-St-Zip: DELTONA, FL 32738

Title: SEC. ( ) Delete
Name: MORALES, WANDA
Address: 2431 GREENBRIAR ST.
City-St-Zip: DELTONA, FL 32738

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:

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 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: AWILDA DUQUE PRES 02/24/2006

Electronic Signature of Signing Officer or Director — Date