2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N98000000321

Entity Name: IGLESIA VIDA ABUNDANTE PENTECOSTAL INC.

Current Principal Place of Business:

301 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

301 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0811180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIO, ANTONIO L
1810 W 56 ST. #3301
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

PIO, GABRIEL
1571 SW 194 AVE
PEMBROKE PINES, FL 33029 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: GABRIEL PIO 01/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIO, ANTONIO L
Address: 1810 W 56 ST. 3301
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete
Name: PIO, GABRIEL
Address: 1571 SW 194 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: VIDAL, ARMANDO
Address: 19 G 60 STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PIO, GABRIEL
Address: 1571 SW 194 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD (X) Change ( ) Addition
Name: PIO, ANTONIO L
Address: 1810 W 56 ST. 3301
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Change ( ) Addition
Name: VIDAL, ARMANDO
Address: 495 W 42 STREET
City-St-Zip: HIALEAH, FL 33012

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: GABRIEL PIO PD 01/26/2009
Electronic Signature of Signing Officer or Director Date