

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002865

FILED
Jan 12, 2007
Secretary of State

Entity Name: IGLESIA DE DIOS MINISTERIAL DE JESUCRISTO INTERNACIONAL, INC.

Current Principal Place of Business:

935 LAVENDER CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268268
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0839302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISALES-RACINI, OSCAR
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
AVENTURA, FL 33180 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: DOP () Delete
Name: PIRAQUIVE DE MORENO, MARIA LUISA
Address: 990 LAVENDER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: DOT () Delete
Name: MORENO, PERLA
Address: 990 LAVENDER CIRCLE
City-St-Zip: WESTON, FL 33327

Title: DOS () Delete
Name: NUNEZ, ANGEL
Address: 11996 GLENMORE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: GOMEZ, SANDRA C
Address: 1425 ST. GABRIELE LANE, APT 4204
City-St-Zip: WESTON, FL 33326

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:

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: MARIA LUISA PIRAQUIVE DE MORENO

DOP

01/12/2007

Electronic Signature of Signing Officer or Director

Date