

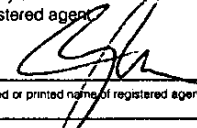
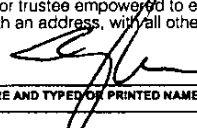


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 014 ****61.25

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|--|--|--|---|---|--|
| DOCUMENT # N98000005497 1. Entity Name IGLESIA PENTECOSTAL GETSEMANI, INC. | | | |  | |
| Principal Place of Business 720 E. FEE AVE. MELBOURNE, FL 32901 US | | | Mailing Address P.O. BOX 100653 PALM BAY, FL 32910 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. BOX-1094 Suite, Apt. #, etc. | |  | |
| City & State MELBOURNE, FL | | City & State MELBOURNE, FL | | 4. FEI Number 59-3544455 | |
| Zip 32902 | | Country BREVARD | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VIDAL, SAMUEL V 198 RACHEL ST #4 MELBOURNE, FL 32901 | | | | 7. Name and Address of New Registered Agent Name JORGE L. VELEZ Street Address (P.O. Box Number is Not Acceptable) 1716 PARRSBORO ST. N.W. City PALM BAY FL Zip Code 32907 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  JORGE L. VELEZ (PASTOR) 2/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VIDAL, JENNY PO BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JORGE L. VELEZ 1716 PARRSBORO ST NW PALM BAY FL 32907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T NEGRON, ROBERTO PO BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARIA C. ALVARADO 4908 GAIL BLVD W. MELBOURNE FL 32904 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUGO, RYAN L P.O. BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARMEN BONETTI 223 BILTMORE PALM BAY FL 32907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P VIDAL, SAMUEL JR P.O. BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROMAN, ESTHER P.O. BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVARADO, IRVING P.O. BOX 100653 PALM BAY, FL 32910 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  JORGE L. VELEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2/23/06 <small>Date</small> | | 321-720-3560 <small>Daytime Phone #</small> |