

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006627

FILED
Mar 22, 2005
Secretary of State

Entity Name: IGLESIA CRISTIANA ALTAR FAMILIAR, INC.

Current Principal Place of Business:

1107 COMMERCE AVE.
HAINES CITY, FL 33844

New Principal Place of Business:

FIRST ST. & SHEPARD AVE.
DUNDEE, FL 33838

Current Mailing Address:

P.O. BOX 2298
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3563410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, DAVID
3616 MINUTE MAID RAMP RD. 1
DAVENPORT, FL 33837 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: PD () Delete
Name: HERNANDEZ, DAVID
Address: 3616 MINUTE MAID RAMP RD 1
City-St-Zip: DAVENPORT, FL 33837

Title: VTD () Delete
Name: HERNANDEZ, WANDA I
Address: 3616 MINUTE MAID RAMP RD 1
City-St-Zip: DAVENPORT, FL 33837

Title: SD () Delete
Name: DIAZ, VELMA
Address: 266 PENINSULAR DR APT 202
City-St-Zip: HAINES CITY, FL 33844

Title: MD () Delete
Name: LOREDO, MARIA
Address: 127 LILY PAD LN
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: MD () Change (X) Addition
Name: CEDENO, MARIANA
Address: 250 KINGS POND AVE.
City-St-Zip: WINTER HAVEN, FL 33880

Title: MD () Change (X) Addition
Name: RIVERA, MELISSA
Address: 250 KINGS POND AVE.
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MELISSA RIVERA

MD

03/22/2005

Electronic Signature of Signing Officer or Director

Date