

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2005  
Secretary of State**

DOCUMENT# N99000001951

Entity Name: ETERNAL WORD OF LIFE OF THE ASSEMBLIES OF GOD, INC.

**Current Principal Place of Business:**

1800 W 68TH ST.  
SUITE 139  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161222  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 65-0910521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ACOSTA, EFRAIN F  
2214 WEST 74 TERRACE  
HIALEAH, FL 33016 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: ACOSTA, EFRAIN F  
Address: 2214 W. 74 TERRACE  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: PAUL, HENRY C  
Address: 7552 W. 29TH WAY  
City-St-Zip: HIALEAH, FL 33018

Title: TD ( ) Delete  
Name: GARCIA, CLAUDIO A  
Address: 8827 N.W. 112 ST.  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GARCIA, CLAUDIO A  
Address: 4671 SW. 126 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: EFRAIN ACOSTA

PD

01/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date