

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

**FILED**  
**Feb 22, 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 ( )**

**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: 4671 SW. 126 AVE  
City-St-Zip: MIRAMAR, FL 33027

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

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

Title: SD (X) Change ( ) Addition  
Name: CUETO, ROBERTO A  
Address: 8360 NW 103 ST. APT 210 E  
City-St-Zip: HIALEAH, FL 33016

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 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

02/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date