

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N99000001951

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

**Current Principal Place of Business:**

6491 W 2ND AVE  
HIALEAH, FL 33012 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: TD ( ) Delete  
Name: CUETO, ROBERTO A  
Address: 8360 NW 103 ST. APT 210 E  
City-St-Zip: HIALEAH, FL 33016

Title: SD ( ) Delete  
Name: ZARAGOZA, MIDALIS  
Address: 7587 NW 2 ST  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete  
Name: ACOSTA, DORCAS  
Address: 2214 WEST 74 TERRACE  
City-St-Zip: HIALEAH, FL 33016

**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 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: EFRAIN ACOSTA

PD

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date