

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002392

FILED
Apr 15, 2009
Secretary of State

Entity Name: ASOCIACION EVANGELISTICA DE DIOS ES EL PODER, INC.

Current Principal Place of Business:

594 OAK BRANCH CR
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120730
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3574415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLAND, MARCOS
594 OAK BRANCH CR
KISSIMMEE, FL 34758 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: ISLAND, MARCOS
Address: 594 OAK BRANCH CR
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC () Delete
Name: ISLAND, ELENA
Address: 1041 CLOBERCREST ST.
City-St-Zip: ORLANDO, FL 34811

Title: TREA () Delete
Name: DIAZ, IVETTE
Address: 19 S. FLAG DRIVE
City-St-Zip: KISSIMMEE, FL 34758

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:

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: IVETTE DIAZ

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date