## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003002

FILED Feb 16, 2007 Secretary of State

Entity Name: IGLESIAS CRISTIANAS PENTECOSTALES MOVIMIENTO MISION DE DIOS INTERNACIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

13901 NE 1 AVENUE 900 NE 195 ST.

MIAMI, FL 33161 #207

MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

13901 NE 1 AVENUE 900 NE 195 ST.

MIAMI, FL 33161 #207

MIAMI, FL 33179

FEI Number: 52-2208786 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FRATACCI, ANTHONY FRATACCI, ANTHONY

13901 NE 1 AVENUE 900 NE 195 ST MIAMI, FL 33161 US #207

MIAMI, FL 33179 US

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: 02/16/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 ( ) Delete
 Title:
 DP
 (X) Change ( ) Addition

 Name:
 GUADALUPE, BIENVENIDO REV.
 Name:
 GUADALUPE, BIENVENIDO REV.

 Address:
 13901 NE 1 AVENUE
 Address:
 900 NE 195 ST. #207

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33179

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: FRATACCI, ANTHONY REV. Name: FRATACCI, ANTHONY REV.

 Address:
 13901 NE 1 AVENUE
 Address:
 900 NE 195 ST.

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33179

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 FRATACCI, CARIDAD I
 Name:
 FRATACCI, CARIDAD I

 Address:
 13901 NE 1 AVENUE
 Address:
 900 NE 195 ST. #207

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY FRATACCI DV 02/16/2007