2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003119

Title:

Name:

Address:

City-St-Zip:

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FILED May 29, 2007 Secretary of State

Entity Name: IGLESIA PUERTA DE SALVACION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3007 NEW LIFE WAY SEBRING, FL 33872 **Current Mailing Address: New Mailing Address:** P. O. BOX 1572 SEBRING, FL 33871 FEI Number: 65-0922237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERA, JOSE A 4225 NAVARRE AVE SEBRING, FL 338722128 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOJICA, SARA Name: Name: Address: 4429 ELSON AVENUE Address: City-St-Zip: SEBRING, FL 33875 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BAQUE, MARIO JR Name: Address: 2922 W. BARD ROAD Address: City-St-Zip: AVON PARK, FL 33825 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, JOSE A Name: Name: 4225 NAVARRE AVENUE Address: Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: () Delete Title: TD Title: () Change () Addition Name: AVALOS, LUIS Name: Address: 4717 STAR AVENUE Address: City-St-Zip: SEBRING, FL 33870 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.

Title:

Name:

Address:

City-St-Zip:

TD

MAGANA, DORIS

SEBRING, FL 33872

4071 THUNDERBIRD RD. 16

() Change (X) Addition

SIGNATURE: JOSE A RIVERA D 05/29/2007

() Delete