2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007
Secretary of State

DOCUMENT# N99000003487

Entity Name: IGLESIA DE LA COMUNIDAD CASA DEL ALFARERO, INC.

Current Principal Place of Business:

5329 AVILA AVE.
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

5329 AVILA AVE.
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 59-3586277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, DULCE E
5329 AVILA AVE.
SARASOTA, FL 34235 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: D ( ) Delete
Name: MARTINEZ, DULCE E
Address: 5329 AVILA AVENUE
City-St-Zip: SARASOTA, FL 34235

Title: S ( ) Delete
Name: ANDRES, MELISSA
Address: 5329 AVILA AVENUE
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete
Name: SUAREZ, MARY
Address: 930 N TAMIAMI TR APT. 404
City-St-Zip: SARASOTA, FL 34236

Title: T ( ) Delete
Name: ANDRES, JORGE
Address: 4802 51 ST W APT. 106
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: ANDRES, MELISSA
Address: 2404 BLUEBIRD AVENUE
City-St-Zip: NORTH PORT, FL 34286

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 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: DULCE E. MARTINEZ D 03/21/2007

Electronic Signature of Signing Officer or Director — Date