2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007033

FILED Apr 08, 2008 Secretary of State

Entity Name: CENTRO BIBLICO CAMINO DE FE, ASSEMBLIES OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 3266 NW 99TH WAY 6279 W. SAMPLE RD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address: 6840 NW 9 STREET** 6840 NW 9TH STREET MARGATE, FL 333063 MARGATE, FL 333063 FEI Number: 65-0788306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSELL, MARIA C 6840 NW 9STREET US MARGATE, FL 33063 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: () Delete (X) Change () Addition ROSELL, MARIA C Name: ROSELL, MARIA C Name: **6840 NW 9 STREET** Address: 6840 NW 9TH STREET Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: Title: () Delete () Change () Addition CORDERO, ROBERTO Name: Name: Address: 6840 NW 9TH ST Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: VPD () Delete Title: () Change () Addition MIRANDA, RAMON Name: Name: Address: **6840 NW 9 STREET** Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: MIRANDA, LIANET Name: Address: **6840 NW 9 STREET** Address: City-St-Zip: MARGATE, FL 33063 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: MARIA C. ROSELL PD 04/08/2008