


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 023 ***150.00

DOCUMENT # P07000117321					
1. Entity Name LA IGLESIA DE DIOS DE JESUCRISTO EL PAN DE VIDA INC					
Principal Place of Business 1706 WEST IMMOKALEE DRIVE IMMOKALEE, FL 34142 US			Mailing Address P.O. BOX 2198 LABELLE, FL 33975 US		
2. Principal Place of Business - No P.O. Box # P.O. Box 2198		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State La Belle, Florida		City & State		4. FEI Number	
Zip 33935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LEON, DAVID 1706 WEST IMMOKALEE DRIVE IMMOKALEE, FL 34142			7. Name and Address of New Registered Agent Name: David De Leon Street Address (P.O. Box Number is Not Acceptable): P.O. Box 2198 City: La Belle FL Zip Code: 33935		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Aida Puente / David de Leon</u> DATE: <u>1-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELEON, DAVID 1706 WEST IMMOKALEE DRIVE IMMOKALEE, FL 34142		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUENTE, AIDA 1706 WEST IMMOKALEE DRIVE IMMOKALEE, FL 34142		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Aida Puente / David de Leon</u> 1-14-08 239-5037657 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					