2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2007 8:00 am
Secretary of State
02-09-2007 90022 023 ****61.25

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01262007 Chg-NP CR2E037 (12/06)

DOCUMENT # 719629

1. Entity Name
GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.

Principal Place of Business
662 NW 29 ST
MIAMI, FL 33127 US

Mailing Address
3050 S DIXIE HWY
#404
MIAMI, FL 33133 US

2. Principal Place of Business - No P.O. Box #: 3050 S. Dixie Hwy
Suite, Apt. #, etc.: 404
City & State: MIAMI
Zip: Country:

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State: FL 33133
Zip: Country:

4. FEI Number: 65-0202055 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VAZQUEZ, PEDRO
3050 S. DIXIE HWY #404
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): N/A
City: FL Zip Code:

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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, PEDRO	NAME	
STREET ADDRESS	3050 S. DIXIE HWY #404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE LA CRUZ, LUZ	NAME	
STREET ADDRESS	3110 NW 19 AVE APT 1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ESTRELLA, GEOVANNY	NAME	
STREET ADDRESS	2001 NW 31 ST APT 4	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, RUBEN	NAME	
STREET ADDRESS	2469 SW 53 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADKINS, GLORIA	NAME	
STREET ADDRESS	221 NW 30 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUNDORA, TERESA	NAME	
STREET ADDRESS	2457 NW 35 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	

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 617, 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: Pedro Vazquez 2-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #