2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000002460

1. Entity Name
IGLESIA CRISTIANA PENTECOSTAL MOVIMIENTO LAS MARAVILLAS DEL EXODO, INC.

Principal Place of Business	Mailing Address
302 ELTON STREET BROOKLYN, NY 11208	302 ELTON STREET BROOKLYN, NY 11208

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01272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
11-3344440

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, ANTONIO REV.
12071 SE CITY RD., 484
BELLEVIEW, FL 34421

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALDONADO, DAVID REV.
STREET ADDRESS	735 LINCOLN STREET, #5R
CITY-ST-ZIP	BROOKLYN, NY 11208
TITLE	V
NAME	MALDONADO, ALMA DR.
STREET ADDRESS	735 LINCOLN STREET, #5R
CITY-ST-ZIP	BROOKLYN, NY 11208
TITLE	S
NAME	RODRIGUEZ, SONIA
STREET ADDRESS	2894 FULTON ST
CITY-ST-ZIP	BROOKLYN, NY 11207
TITLE	T
NAME	LOZADA, HECTOR M
STREET ADDRESS	2242 BRAGG STREET, #3F
CITY-ST-ZIP	BROOKLYN, NY 112295418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/12/08-80084-017 70.00

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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: Hector Lozada / Hector Lozada 1/25/08 (347)242-6337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #