## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004538

Entity Name: IGLESIA PENTECOSTAL PENIEL, INC.

FILED Sep 08, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2890 PALM BEACH BLVD. FORT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 670 N.E. 5TH PLACE P.O. BOX 150187 CAPE CORAL, FL 33915 CAPE CORAL, FL 33909 FEI Number: 65-1109693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENA, KATHERINE 670 N.E. 5TH PLACE CAPE CORAL, FL., FL 33991 US 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: () Change () Addition () Delete MENA, CARLOS Name: Name: 670 N.E. 5TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BURGOS, RUTH Name: Address: 13908 MANTANZA DRVIE Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, LOUIS Name: Name: 670 N.E. 5TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MORALES, ROSA Name: Address: 1430 APOLLO DRIVE Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: () Delete Title: () Change () Addition MENA, KATHERINE Name: Name: 670 N.E. 5TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MORALES, MIGUEL Name: Name: Address: Address: 1430 APOLLO DRIVE FORT MYERS, FL 33905 City-St-Zip: 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: KATHERINE MENA D 09/08/2009