


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 038 ****61.25

DOCUMENT # N0300000678

1. Entity Name
IGLESIA UNIDA MISIONERA PENTECOSTAL, INC.



Principal Place of Business
**808 SW 10 ST
 HALLANDALE BEACH, FL 33009**

Mailing Address
**P.O. BOX 2894
 HALLANDALE, FL 33008-2894**

60000735



2. Principal Place of Business - No P.O. Box #
5221 SW 23 TERRACE

3. Mailing Address
 Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
Front LAUDERDALE

City & State
 Suite, Apt. #, etc.

Zip
33312

Country
Broward

4. FEI Number
13-4234838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ESCANILLA, GERARDO M
 808 SW 10 ST
 HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent
 Name
ESCANILLA, GERARDO M.

Street Address (P.O. Box Number is Not Acceptable)
5221 SW 23 TERRACE.

City
Front LAUDERDALE FL

Zip Code
33312

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 _____
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS.D SAN MARTIN, CARLOS S ENRIQUE RIVERA #1762, INDEPENDENCIA SANTIAGO, CHILE.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCANILLA, GERARDO M P.O. BOX 2894 HALLANDALE, FL 330082894	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORQUERA, MARIA R P.O. BOX 2894 HALLANDALE, FL 330082894	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCANILLA, LUIS P.O. BOX 2894 HALLANDALE, FL 330082894	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GERARDO M. ESCANILLA  **01-05-2007 (954) (687-3791)**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #