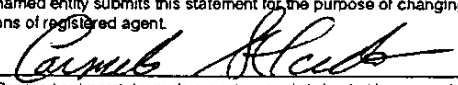


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jun 22, 2005 8:00 am
Secretary of State**

06-09-2005 90002 002 ****61.25
06-22-2005 90080 001 *****8.75

DOCUMENT # N04000010462 1. Entity Name IGLESIA PENTECOSTAL LLUVIAS DE BENDICIONES INC.					
Principal Place of Business 1110 N GORDON ST PLANT CITY FL 33563 US			Mailing Address PO BOX 2362 PLANT CITY FL 33564-2362 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALCEDO, CARMELO 4708 N DAWN MEADOW CT PLANT CITY FL 33566				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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  Signature, typed or printed name of registered agent and title if applicable 6-17-05 DATE (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	SALCEDO, CARMELO			NAME	
STREET ADDRESS	4708 N DAWN MEADOW CT			STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566			CITY-ST-ZIP	
TITLE	VP ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SALCEDO, EVELYN			NAME	
STREET ADDRESS	4708 N DAWN MEADOW CT			STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566			CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				6-17-05 (813) 707-8674 Date Daytime Phone #	