


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # N04901 1. Entity Name THE TRUE LIGHT PENTECOSTAL CHURCH, INC. | |  |
| Principal Place of Business 112 PEMBROOK AVENUE INTERLACHEN FL 32148 US | Mailing Address P O BOX 321 INTERLACHEN FL 32148 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. | 3. Mailing Address Suite, Apt #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip |



1st MOORE CR2E037 (10/06)

| | | |
|---|--|--|
| 4. FEI Number 59-2520444 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> (1) | | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent KEYSER, TIMOTHY OLD GAINESVILLE HWY & LONG AVE, POB 92 INTERLACHEN FL 32048 | 7. Name and Address of New Registered Agent 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. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|--|------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | PD GONZALEZ, LOUIS 2324 SHELAIRE AVE PHILADELPHIA PA 19152 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000696932 04/18/07-80019-012 70.00 |
| TITLE | VD ORTIZ, ROMON 1145 MAGEE STREET PHILADELPHIA PA 19111 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D SERGIO, ROCHE D P O BOX 321 INTERLACHEN FL 32148 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | TM MALDONADO, EDDIE 6535 SOULDER ST PHILADELPHIA PA | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | S PERALEZ, EZEQUIEL 4502 RISING SUN AVE PHILADELPHIA PA 19140 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> Delete | <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 Section 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: REV. SERGIO ROCHE - D. *Rev. Sergio Roche* 4/2/07 (386) 684-4898