2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000008380 06 APR 29 AM 10: 19 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ARBOL DE VIDA PENTECOSTAL CHURCH INC. Principal Place of Business Mailing Address 4222 PLYMOUTH SORRENTO RD 639 W 14TH STREET APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address 639 W. 14 Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number APOPKA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODARTE, URBANO Street Address (P.O. Box Number is Not Acceptable) **639 W 14TH STREET** APOPKA FL 32703 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODARTE, URBANO NAME NAME 639 W 14TH STREET STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 800073981368 RODARTE, AURORA NAME NAME 639 W 14TH ST STREET ADDRESS STREET ADDRESS 05/04/06--01013--011 **67.00 APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition GOMEZ, MAGDALENA NAME NAME STREET ADDRESS 645 W 14TH ST STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Unporca Redeste

4/27/06 (407)491-9353

APPROVE:

AND