2007 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT

FILED DOCUMENT # N05000008380 ARBÓL DE VIDA PENTECOSTAL CHURCH INC. 07 FEB -5 PM 3: 02 SECKLIARY OF STALE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **639 W. 14TH STREET** 639 W. 14TH STREET APOPKA, FL 32703 APOPKA, FL 32703 Principal Place of Business - No P.O. Box # 3. Mailing Address 46 Martin St Suite, Apt. #, etc. 02052007 Chg-NP CR2E037 (12/06) alevi City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6360 363 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODARTE, URBANO 639 W 14TH STREET APOPKA, FL 32703 PME ral Zip Coge 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 age 100088061591 02/13/07--01001--010 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to ____ Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete president TITLE TITLE Change ☐ Addition Rev-sarah Matias RODARTE, URBANO NAME NAME 6 mannette Dr STREET ADDRESS 639 W 14TH STREET STREET ADDRESS APOPKA, FL 32703 CITY-ST-7IP Daleville CITY-ST-ZIP Delete -Presiden TITLE TITLE ☐ Change ☐ Addition RODARTE, AURORA NAME ntonio Balboa NAME 639 W 14TH ST STREET ADDRESS STREET ADDRESS er City, NC CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP eneral Secretary THILE Delete TITLE ☐ Change ☐ Addition GOMEZ, MAGDALENA ida thines NAME NAME STREET ADDRESS 645 W 14TH ST STREET ADDRESS 1008 Blairfield Dr APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP antioch TN 37013 Maria Rosa Balboa ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME S. chatham STREET ADDRESS STREET ADDRESS 27344 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone