

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008380

FILED
Feb 25, 2008
Secretary of State

Entity Name: PENTECOSTAL CHURCH ARBOL DE VIDA, INC.

Current Principal Place of Business:

6 MARNETTE DR.
DALEVILLE, AL 36322

New Principal Place of Business:

Current Mailing Address:

146 MARTIN ST.
OZARK, AL 36360

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATIAS, SARAH REV.
4408 COOLEMERALD DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATIAS, SARAH REV.
Address: 6 MARNETTE DR.
City-St-Zip: DALEVILLE, AL

Title: VP () Delete
Name: BALBOA, ANTONIO
Address: 2155 CHATHAM
City-St-Zip: SILER CITY, NC 27344

Title: GS () Delete
Name: HINES, AIDA
Address: 1008 BLAIRFIELD DR.
City-St-Zip: ANTIOCH, TN 37013

Title: T () Delete
Name: BALBOA, MARIA ROSA
Address: 215 S. CHATHAM
City-St-Zip: SILER CITY, NC 27344

Title: M () Delete
Name: URBANO, RODART G
Address: 639 ELLA J. GILMORE ST.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH RAMIREZ MATIAS

REV.

02/25/2008

Electronic Signature of Signing Officer or Director

Date