# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N06000010166

1. Entity Name
CONCILIO IGLESIAS CRISTIANAS PENTECOSTALES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3019 NORTH PINE HILLS RD<br>ORLANDO, FL 32808 | 3019 NORTH PINE HILLS RD<br>ORLANDO, FL 32808 |

01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
38-3744938

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTALATIN, NESTOR R REV.
3417 JAMESON DR
APOPKA, FL 32703

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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

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | PORTALATIN, NESTOR R REV. |
| STREET ADDRESS | 3417 JAMESON DR |
| CITY-ST-ZIP | APOPKA, FL 32703 |
| TITLE | V |
| NAME | ROLON, JUSTINO |
| STREET ADDRESS | 502 PALACE DR |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | T |
| NAME | ROSARIO, WILFREDO |
| STREET ADDRESS | 2217 WOODWIND DR |
| CITY-ST-ZIP | ORLANDO, FL 32808 |
| TITLE | S |
| NAME | PORTALATIN, CARMEN I |
| STREET ADDRESS | 3920 FOOTHILLS DR |
| CITY-ST-ZIP | ORLANDO, FL 32810 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/28/08-80044-009 70.00

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12. I hereby 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.

**SIGNATURE:** _____ (Justino Rolon) 1-13-08 (407) 862-8539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #