

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90644 001 ****61.25

14002150



MOORE CR2E037 (11/03)

DOCUMENT # N98000005909							
1. Entity Name IGLESIA PENTECOSTAL LA GRAN COMISION INC.							
Principal Place of Business 13122 CROWELL ROAD BROOKSVILLE FL 34613		Mailing Address 13122 CROWELL ROAD BROOKSVILLE FL 34613					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3538436			
Zip	Country	Zip	Country	Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
PACHECO, CONRADO 13122 CROWELL ROAD BROOKSVILLE FL 34613			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PACHECO, CONRADO		NAME				
STREET ADDRESS	13122 CROWELL ROAD		STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34613		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PACHECO, MARIA		NAME				
STREET ADDRESS	13122 CROWELL ROAD		STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34613		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LIOBIGILDO, BENITEZ		NAME				
STREET ADDRESS	10151 FOLEY ST.		STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34601		CITY-ST-ZIP				
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PACHECO, MARIA		NAME				
STREET ADDRESS	13122 CROWELL RD		STREET ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34613		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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 exemption stated in Section 119.07(3)(i), 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: <i>Conrado Pacheco SA</i>		3-29-04		352 597-1162			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			