


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N98000005909 1. Entity Name IGLESIA PENTECOSTAL LA GRAN COMISION INC.	
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Principal Place of Business 13122 CROWELL ROAD BROOKSVILLE FL 34613	Mailing Address 13122 CROWELL ROAD BROOKSVILLE FL 34613
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-3538436	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	1st MOORE CR2E037 (10/07)	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent PACHECO, CONRADO 13122 CROWELL ROAD BROOKSVILLE FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Conrado Pacheco SR. (No Changes) DATE: _____

Signature (Typed or printed name of registered agent and title) (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	PACHECO, CONRADO	NAME	
STREET ADDRESS	13122 CROWELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	TITLE	
NAME	PACHECO, MARIA	NAME	
STREET ADDRESS	13122 CROWELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	LIOBIGILDO, BENITEZ	NAME	
STREET ADDRESS	10151 FOLEY ST.	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TS	TITLE	
NAME	PACHECO, MARIA	NAME	
STREET ADDRESS	13122 CROWELL RD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	REV	TITLE	
NAME	PACHECO, CONRADO SR	NAME	
STREET ADDRESS	13122 CROWELL RD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Conrado Pacheco SR. 3-12-08 352-556-3849