

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

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04-01-2004 90016 043 ****70.00

DOCUMENT # 731832

1. Entity Name

PENTECOSTAL CHURCH THE LIGHT OF THE WORLD



Principal Place of Business

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310

Mailing Address

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310

00417007



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0054945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARMOLEJOS, VIRILIO
222 ASPEN WAY
DAVIE FL 33325

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARMOLEJOS, VIRILIO	
STREET ADDRESS	222 ASPEN WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARMOLEJOS, YNOELIA	
STREET ADDRESS	222 ASPEN WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ESCUERO, ROBERTO	
STREET ADDRESS	2874 NW 60 WAY	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, OLGA	
STREET ADDRESS	2001 NW 9TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	Deacon and Treasurer	<input type="checkbox"/> Delete
NAME	YNOELIA MARMOLEJOS	
STREET ADDRESS	222 ASPEN WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	Deacon	<input type="checkbox"/> Delete
NAME	Marina C. Reyes	
STREET ADDRESS	1106 N. E. 1st Avenue	
CITY-ST-ZIP	Fort Lauderdale FL 33304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Deacon Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saul Peralta	
STREET ADDRESS	501 N.W. 40 Court	
CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Virilio Marmolejos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-04 (954) 288-5405

Date

Daytime Phone #