

# ANNUAL REPORT (AR)

**FILED**  
Feb 17, 2005 8:00 am  
Secretary of State

02-17-2005 90032 025 \*\*\*\*70.00

<b>DOCUMENT # 731832</b> 1. Entity Name <b>PENTECOSTAL CHURCH THE LIGHT OF THE WORLD</b>					
Principal Place of Business <b>1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310</b>				Mailing Address <b>1142 N W 19TH ST PO BOX 5692 FT LAUDERDALE FL 33310</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0054945</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARMOLEJOS, VIRILIO 222 ASPEN WAY DAVIE FL 33325</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
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	<b>MARMOLEJOS, VIRILIO</b>		NAME		
STREET ADDRESS	<b>222 ASPEN WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE FL 33325</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARMOLEJOS, YNOELIA</b>		NAME	<b>Secretary</b>	
STREET ADDRESS	<b>222 ASPEN WAY</b>		STREET ADDRESS	<b>Saul Peraltas</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>		CITY-ST-ZIP	<b>501 N.W. 40 Court</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TORRES, OLGA</b>		NAME		
STREET ADDRESS	<b>2001 NW 9TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARMOLEJOS, Ynoelia</b>		NAME		
STREET ADDRESS	<b>222 ASPEN WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAVIE FL 33325</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REYES, MARINA C</b>		NAME		
STREET ADDRESS	<b>715 N. E. 46 Court</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>Oakland Park, FL 33334</b>		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.					
<b>SIGNATURE:</b>			<b>02-14-05 (954) 476-6989</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		