

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006678

1. Entity Name
IGLESIA PENTECOSTAL LA FE NACIDA DE NUEVO, INC.



Principal Place of Business
647 N 56TH ST.
TAMPA, FL 33617

Mailing Address
1716 E CLUSTER AVE.
TAMPA, FL 33604



05082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0428551	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

FIGUEROA, ANDRES
1716 W CLUSTER AVE.
TAMPA, FL 33604

**DO NOT WRITE
IN THIS SPACE**

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 Andres Figueroa Vice President & Pastor
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5-15-05
DATE

Filing Fee is \$61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIGUEROA, ANDRES
STREET ADDRESS	1716 W CLUSTER AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	FIGUEROA, ROSEMARY
STREET ADDRESS	1716 W CLUSTER AVE.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369243
06/08/05-80006-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Andres Figueroa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #