

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008657 1. Entity Name IGLESIA CRISTIANA PACTO DE FE INC.	
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Principal Place of Business 1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266 US	Mailing Address 1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3346084	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUENTES, DILMAN 1481 N.E. LIVINGSTON ST. ARCADIA, FL 34266	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000592619 01/19/07-80070-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUENTES, DILMAN 1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, MARTA 1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTES, ELIZABETH 1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-16-07 Date	813-870-1440 Daytime Phone #
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