

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34983

**Entity Name:** NARROW DOOR PENTECOSTAL COUNCIL OF GOD M.I. INC.

**Current Principal Place of Business:**

229 14TH ST.  
HAINES CITY, FL 33845

**Current Mailing Address:**

P.O. BOX 836  
HAINES CITY, FL 33845

**FEI Number:** 59-2978215

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPARRO, DR.PABLO REV.  
229 14TH STREET  
HAINES CITY, FL 33844 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	CHAPARRO, DR.PABLO
Address	229 14TH ST
City-State-Zip:	HAINES CITY FL
Title	TVD
Name	CHAPARRO, CARMEN
Address	3309 BAKER AVE.
City-State-Zip:	HAINES CITY FL 33845
Title	C
Name	HERNANDEZ, TRANQUILINO
Address	1166 HOOKERS POINT
City-State-Zip:	CLEWISTON FL 33440

Title	S
Name	MENENDEZ, ALBERTO
Address	229 14TH STREET
City-State-Zip:	HAINES CITY FL 33844
Title	C
Name	RIOS , NANCY
Address	229 14TH ST.
City-State-Zip:	HAINES CITY FL 33845

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DR. PABLO CHAPARRO**

**PRESIDENT**

**03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date