

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712724

FILED
Jun 29, 2005
Secretary of State

Entity Name: EVANGELICAL PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.

Current Principal Place of Business:

90 N.W. 27TH AVENUE
MIAMI, FL 331255112

New Principal Place of Business:

Current Mailing Address:

90 N.W. 27TH AVENUE
MIAMI, FL 331255112

New Mailing Address:

FEI Number: 59-2096779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARRIDO,ROBERTO
90 N.W. 27TH AVENUE
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARRIDO, ROBERT,
Address: 1390 NW 29 AVE.
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: SAAVEDRA, PEDRO,
Address: 3944 NW 4 ST.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MARTINEZ, ROGELIO,
Address: 900 SW 27 AVE., #102
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: VALDES, JUAN,
Address: 3231 NW 16 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUAN VALDES

D

06/29/2005

Electronic Signature of Signing Officer or Director

_____ Date