

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

**FILED**  
**Feb 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 712963**

1. Entity Name  
**INTENSE PLAN OF EVANGELISM, INC.**



Principal Place of Business

**P.O. BOX 605  
MIAMI, FL 33135**

Mailing Address

**P.O. BOX 605  
MIAMI, FL 33135**



01302007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7044643**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ELIAS, LEGRA  
525 EAST 9TH STREET  
HIALEAH, FL 33010**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**PO**

**31/01/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FUMERO, REV MARIO  
STREET ADDRESS 525 E. 9TH ST.  
CITY-ST-ZIP HIALEAH, FL

TITLE S  
NAME FUMERO, IRAIDA  
STREET ADDRESS 200 E 8TH ST #101  
CITY-ST-ZIP HIALEAH, FL

TITLE VD  
NAME LEGRA, ELIAS  
STREET ADDRESS 422 E 29TH ST.  
CITY-ST-ZIP HIALEAH, FL

TITLE VD  
NAME MARADIAGAL, LILIAN  
STREET ADDRESS 1641 NW 29TH ST  
CITY-ST-ZIP MIAMI, FL

TITLE VD  
NAME NUNEZ, NODIER  
STREET ADDRESS 3603 SW 138 CT  
CITY-ST-ZIP MIAMI, FL 33175

TITLE T  
NAME DE NUNEZ, INA  
STREET ADDRESS 3603 SW 138 CT  
CITY-ST-ZIP MIAMI, FL 33175

U000000619042  
02/08/07-80055-017 61.25

**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

**President**

**31/01/07**

**917 2501672**

Daytime Phone #