


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90015 021 \*\*\*\*61.25

<b>DOCUMENT # 719629</b>	
1. Entity Name <b>GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.</b>	

Principal Place of Business <b>662 NW 29 ST MIAMI, FL 33127 US</b>	Mailing Address <b>3050 S DIXIE HWY #404 MIAMI, FL 33133 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**50000451**



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0202055</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>VAZQUEZ, PEDRO</b> <b>3050 S. DIXIE HWY #404</b> <b>MIAMI, FL 33133</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, PEDRO</b>
STREET ADDRESS	<b>3050 S. DIXIE HWY #404</b>
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DE LA CRUZ, LUZ</b>
STREET ADDRESS	<b>3110 NW 19 AVE APT 1</b>
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ESTRELLA, GEOVANNY</b>
STREET ADDRESS	<b>2001 NW 31 ST APT 4</b>
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, RUBEN</b>
STREET ADDRESS	<b>2469 SW 53 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33145</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ADKINS, GLORIA</b>
STREET ADDRESS	<b>221 NW 30 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33127</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>FUNDORA, TERESA</b>
STREET ADDRESS	<b>2457 NW 35 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Adrian Vazquez* Date: 2-20-06 Daytime Phone # \_\_\_\_\_