

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90047 018 ****70.00

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1. Entity Name



PENTECOSTAL CHURCH THE LIGHT OF THE WORLD

Principal Place of Business

Mailing Address

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310

1142 N W 19TH ST
PO BOX 5692
FT LAUDERDALE FL 33310



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0054945

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARMOLEJOS, VIRILIO
222 ASPEN WAY
DAVIE FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARMOLEJOS, VIRILIO ☐ Delete
STREET ADDRESS 222 ASPEN WAY
CITY-STATE-ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME *Speralta Saul*
STREET ADDRESS *501 S.W. 40th ST*
CITY-STATE-ZIP *Oakland Park, FL*

TITLE ☒ Change ☐ Addition
NAME *Deacon Raul Cardona Gonzalez*
STREET ADDRESS *1861 S.W. 50th AVENUE*
CITY-STATE-ZIP *PLANTATION, FL 33317*

TITLE ☐ Delete
NAME D
STREET ADDRESS VALLECHO, ROSARIO
CITY-STATE-ZIP 1745 NW 60TH AVE
SUNRISE FL 33313

TITLE ☒ Change ☐ Addition
NAME *Deacon - Secretary*
STREET ADDRESS *Vallecillo, Rosario*
CITY-STATE-ZIP *1745 N.W. 60th AVENUE*
Sunrise, FL 33313

TITLE ☐ Delete
NAME DT
STREET ADDRESS MARMOLE, JOS YNOELIA
CITY-STATE-ZIP 222 ASPEN WAY
DAVIE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS REYES, MARINA C
CITY-STATE-ZIP 715 NE 46 COURT
OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition
NAME *Deacon*
STREET ADDRESS *Polanca Nettleton*
CITY-STATE-ZIP *2249 SW 33 way*
Fort Lauderdale FL 33312

TITLE ☒ Delete
NAME D
STREET ADDRESS ALVARADO, DANIEL
CITY-STATE-ZIP 6135 S.E. 40TH STREET
MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME *Deacon*
STREET ADDRESS *Edgar H. Guzman*
CITY-STATE-ZIP *2148 S.W. 50th Ave.*
Fort Lauderdale, FL 33317

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

02-02-07