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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741412

1. Corporation Name

FIRST LATIN AMERICAN PENTECOSTAL CHURCH (ARCA DE SALVACION), INC.

Principal Place of Business

117 W. COLUMBUS DR. (33602)
P.O. BOX 4963
TAMPA FL 33677

Mailing Address

117 W. COLUMBUS DR. (33602)
P.O. BOX 4963
TAMPA FL 33677

166204 90177 41



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/20/1978

4. FEI Number

13-3404960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MOLINA, ANTONIO
3804 WOODROFFE CT
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS BERRIOS, ABELARDO
CITY-ST-ZIP 3025 W NORFOLK STREET TAMPA, FL 0

TITLE ☐ DELETE
NAME SD
STREET ADDRESS RESTO, RACHEAL
CITY-ST-ZIP 402 E. SELMA AVE. TAMPA, FL 00000

TITLE ☒ DELETE
NAME D
STREET ADDRESS CRUZ, CARMEN
CITY-ST-ZIP 9308 ELMER STREET TAMPA, FL 00000 33612

TITLE ☒ DELETE
NAME D
STREET ADDRESS CRUZ, HERIBERTO
CITY-ST-ZIP 9308 ELMER ST TAMPA FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS AYALA, JUAN
CITY-ST-ZIP 402 EAST SELMA AVENUE TAMPA FL

TITLE ☒ DELETE
NAME D
STREET ADDRESS RODRIGUEZ, RONY
CITY-ST-ZIP 1313 E 29TH AVE TAMPA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SD
2.3 STREET ADDRESS RODRIGUEZ, Rony
2.4 CITY-ST-ZIP 1313 E. 29TH AVE TAMPA, FL 33605

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS Molina Antonio
6.4 CITY-ST-ZIP 8906 Briar Hollow Ct Tampa FL 33634

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rony Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-99 (813) 960-8734

CR2E037 (11/98)