


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 741412

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



Principal Place of Business
117 W. COLUMBUS DR. TAMPA, FL 33602 US

Mailing Address
117 W. COLUMBUS DR. TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE



04082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-3404960

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOLINA, ANTONIO JR
 3804 WOODROFFE CT
 TAMPA, FL 33618**

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERRIOS, ABELARDO JR 6497 COVEWOOD DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOLINA, ANTONIO IV 27017 ARROWBROOK WAY WESLEY CHAPEL, FL 33543
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 04/30/07-80009-018 70.00

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: *Antonio Molina* **4-15-07 (813) 209-9171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #