

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90052 010 \*\*\*\*70.00

**DOCUMENT # 741412**  
 1. Entity Name  
**FIRST LATIN AMERICAN PENTECOSTAL CHURCH (ARCA DE SALVACION), INC.**



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

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-NP      CR2E037 (4/06)

4. FEI Number 13-3404960	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOLINA, ANTONIO JR  
 3804 WOODROFFE CT  
 TAMPA, FL 33618

**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: *Antonio Molina*      DATE: *4-6-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Rev. Antonio Molina* - REV. ANTONIO MOLINA 5-15-08 <sup>(813)</sup> 960-8734

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