


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 752224
 1. Entity Name
 LOS PENTECOSTALES DE DELTONA, INC.



Principal Place of Business Mailing Address
 2000 HOWLAND BLVD P.O. BOX 390026
 DELTONA, FL 32738 DELTONA, FL 32738

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02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-0005821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SANTOS, REV. ADRIAN
 1890 PIPPER TERRACE
 DELTONA, FL 32738

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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 _____ DATE _____
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, 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	PD SANTOS, ADRIAN 1890 PIPPER TERRACE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS, BLANCA H 1890 PIPPER TERRACE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CARIN, REYNALDO 1426 RANDOLPH ST DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIVERA, NELIDA 756 LUDLUM DR. DELTONA, FL 32728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, HECTOR 503 STALLINGS AVE. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MALDONADO, BLANCA 503 STALLINGS AVE. DELTONA, FL 32738

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 04/03/07-80070-013 61.25

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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: Steve Maldonado 3-22-07 386-789-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #