

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 825115</b>	
1. Entity Name <b>ASSEMBLY OF PENTECOSTAL CHURCH OF JESUS CHRIST, INC.</b>	
Principal Place of Business <b>3452 W. NORTH AVENUE          CHICAGO, IL 60647 US</b>	Mailing Address <b>3452 W. NORTH AVENUE          CHICAGO, IL 60647 US</b>



02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0199562</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINONES, GABINO REV  
 9020 BLACK BEAR LN  
 WINTER GARDEN, FL 34787**

**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: REV GABINO QUINONES DATE: Feb 26, 2005

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, 2005**

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 DIAZ, WILFREDO REV 3452 W NORTH AVE CHICAGO, IL 60687
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONCLOVA, PABLO REV CALLE 410 MI-23 CC CAROLINA, PUERTO RICO 00983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBRON, ANGEL L REV 325 E KING ST LANCASTER, PA 17602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTAY, WILLIAM REV 2042 S 7TH ST MILWAUKEE, WI 53204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERENA, RAMON REV. 5759 W. 64TH PLACE CHICAGO, IL 60638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMOS, HECTOR L 16 OXWOOD CIRCLE NEW OXFORD, PA 17350

**DO NOT WRITE IN THIS SPACE**

U00000251610  
 03/04/05-80053-006 61.25

12. 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 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] DATE: Feb. 26, 2005 DAYTIME PHONE #: 773-862-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR