2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004657

FILED Jan 09, 2009 Secretary of State

Entity Name: LATIN-AMERICAN COUNCIL OF THE PENTECOSTAL CHURCH OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business:

3810 INDIAN WOOD RD. 5230 INDIAN HILLS RD. ORLANDO, FL 32808 PASTOR OFFICE ORLANDO, FL 32802

Current Mailing Address: New Mailing Address:

3804 WOODROFFE COURT 1979 PERIDOT CIR TAMPA, FL 336183509 KISSIMMEE, FL 34743

FEI Number: 13-3404962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOLINA, ANTONIO NEGRON, ORLANDO 1979 PERÍDOT CIR 3804 WÓODROFFE COURT

TAMPA, FL 336183509 US KISSIMMEE, FL 34743 US

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.

SIGNATURE: ORLANDO NEGRON 01/09/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

TAMPA, FL 336183509

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

KISSIMMEE, FL 34743

(X) Change () Addition () Delete MARTINEZ, JOSE L ROSARIO, PEDRO PRESIDE Name: Name: 3810 INDIAN WOOD RD. Address: P. O. BOX 1815 Address:

City-St-Zip: ORLANDO, FL 32808 City-St-Zip: BRONSON, FL 32621

Title: () Delete Title: (X) Change () Addition NEGRON, ORLANDO SECRETA MOLINA, ANTONIO Name: Name: Address: 3804 WOODROFFE COURT Address: 1979 PERIDOT CIR

Title: () Delete Title: TREA (X) Change () Addition

PEREZ, EDWIM GARCIA, JORGE TREASUR Name: Name: 2644 HORSESHOE BAY DR. Address: Address: 1803 BRUST AVE City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: SUB () Change (X) Addition Name: Name: MALDONADO, WILSON SUBSECR

2099 ASHLAND BLVD. Address: Address:

ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

Title: () Delete Title: SUB () Change (X) Addition ORTIZ, MIGUEL A SUBTREA Name: Name: 12422 SION CT. Address: Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32824

Title: () Delete Title: VOCA () Change (X) Addition MALDONADO, JOSEPH VOCAL Name: Name:

Address: Address: 161 SAMUEL STREET DAVENPORT, FL 33897 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO NEGRON SECR 01/09/2009