

79400004657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Latinamerican Council of the Pentecostal Chvrch of God  
Name of Corporation Inc.

DOCUMENT NUMBER: F94000004657

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Orlando Negron  
Name of Contact Person

Firm/Company

1979 Peridot cir  
Address

Kissimmee, FL 34743  
City/State and Zip Code

orlandonegron@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando Negron at (407) 433-3245  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2010

ORLANDO NEGRON  
1979 PERIDOT CIRCLE  
KISSIMMEE, FL 34743

SUBJECT: LATIN-AMERICAN COUNCIL OF THE PENTECOSTAL CHURCH  
OF GOD, INC.  
Ref. Number: F94000004657

We have received your document for LATIN-AMERICAN COUNCIL OF THE PENTECOSTAL CHURCH OF GOD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 710A00010073

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Latinoamerican Council of the Pentecostal...  
2. The principal office address: 1979 Peridot circle  
Kissimmee FL 34743  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1994 Document number: F94000004657

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Pedro Rosario  
P.O. Box 1815  
Bronson, FL 32621

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Antonio Molina - President  
3804 Woodroffe CT.  
P.O. Box NOT acceptable  
Tampa, FL 33618

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Orlando Negrón  
Signature of an officer or director

Orlando Negrón  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X Antonio Molina  
Signature of Registered Agent

5-25-2010  
Date

If signing on behalf of an entity:

Antonio Molina  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314