

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000001783

1. Entity Name

LUIS PALAU EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business

1500 NW 167TH PLACE
BEAVERTON, OR 97006

Mailing Address

PO BOX 50
PORTLAND, OR 97207



07052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

93-0713827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOGUZZO, RICARDO
9200 S DADELAND BLVD
#404
MIAMI, FL 33156

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PALAU, LUIS
STREET ADDRESS 10519 NW LACASSEL CREST LANE
CITY-ST-ZIP PORTLAND, OR 97229

TITLE VP
NAME PALAU, KEVIN
STREET ADDRESS 16750 NW MISSION OAKS DR
CITY-ST-ZIP BEAVERTON, OR 97006

TITLE VS
NAME JONES, DAVID
STREET ADDRESS 1232 NW 175TH PL
CITY-ST-ZIP BEAVERTON, OR 97006

TITLE D
NAME HALL, DAVID
STREET ADDRESS 3800 E LINCOLN DRIVE #3
CITY-ST-ZIP PHOENIX, AZ 85018

TITLE D
NAME HORN, GERALD
STREET ADDRESS 17 SAINT LAURENT PL
CITY-ST-ZIP DALLAS, TX 75225

TITLE D
NAME FRIESEN, SAM
STREET ADDRESS 11131 SE 57TH ST
CITY-ST-ZIP BELLEVUE, WA 98006

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07/16/07-80007-017 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. JONES

Date

Daytime Phone #

7/5/07 503 614 1500