

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001783

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** LUIS PALAU EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 NW 167TH PLACE  
BEAVERTON, OR 97006

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50  
PORTLAND, OR 97207

**New Mailing Address:**

**FEI Number:** 93-0713827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PALAU, LUIS  
Address: 10519 NW LACASSEL CREST LANE  
City-St-Zip: PORTLAND, OR 97229

Title: VP ( ) Delete  
Name: PALAU, KEVIN  
Address: 16750 NW MISSION OAKS DR  
City-St-Zip: BEAVERTON, OR 97006

Title: VS ( ) Delete  
Name: JONES, DAVID  
Address: 1232 NW 175TH PL  
City-St-Zip: BEAVERTON, OR 97006

Title: D ( ) Delete  
Name: HALL, DAVID  
Address: 3800 E LINCOLN DRIVE #3  
City-St-Zip: PHOENIX, AZ 85018

Title: D ( ) Delete  
Name: HORN, GERALD  
Address: 17 SAINT LAURENT PL  
City-St-Zip: DALLAS, TX 75225

Title: D ( ) Delete  
Name: FRIESEN, SAM  
Address: 11131 SE 57TH ST  
City-St-Zip: BELLEVUE, WA 98006

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: JONES, DAVID  
Address: 1232 NW 175TH PL  
City-St-Zip: BEAVERTON, OR 97006

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID JONES

VP

07/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date