2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000745

FILED Feb 17, 2005 Secretary of State

Entity Name: IGLESIA PENTECOSTAL CASA DE ORACION NACIONAL, INC.

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

9817 N. NEBRASKA AVE. TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

9817 N. NEBRASKA AVE. TAMPA, FL 33612

FEI Number: 01-0829192 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:

ROSALES, GLENDA

10905 N 19TH STREET

TAMPA, FL 33612 US

VELAZQUEZ, LISA

904 1/2 E NORTH BAY ST

TAMPA, FL 33602 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: LISA VELAZQUEZ 02/17/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: RIVERA, CARMEN Name: CAPPAS, NELSON

 Address:
 11725 N. 17TH ST., APT. 103
 Address:
 904 1/2 E NORTH BAY ST

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:
 TAMPA, FL 33602

Title: SD () Delete Title: VPD (X) Change () Addition Name: ROSALES, GLENDA Name: VELAZQUEZ, LISA

 Name
 VELAZQUEZ, LISA

 Address:
 10905 N 19TH STREET
 Address:
 904 1/2 E NORTH BAT ST

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:
 TAMPA, FL 33602

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

 Name:
 SANCHEZ, FRESSIE
 Name:

 Address:
 10905 N 19TH STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33612
 City-St-Zip:

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

 Name:
 CALLAZO, FELIX
 Name:

 Address:
 1510 E PALM AVENUE # A 304
 Address:

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA VELAZQUEZ VPD 02/17/2005