

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90097 017 ****61.25

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| DOCUMENT # N00000003684 | | | | | |
| 1. Entity Name IGLESIA PENTECOSTAL PUERTA DE SALVACION, INC. | | | | | |
| Principal Place of Business 4872 NW 7TH ST MIAMI, FL 33126 | | | Mailing Address 4872 NW 7TH ST MIAMI, FL 33126 | | |
| 2. Principal Place of Business 7350 NW 7th STREET | | 3. Mailing Address Same | | <div style="font-size: 24px; font-weight: bold;">50033784</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03292005 Chg-NP CR2E037 (10/03) </div> | |
| Suite, Apt. #, etc. Suite 110 | | Suite, Apt. #, etc. SAME | | | |
| City & State Miami, Florida | | City & State SAME | | | |
| Zip 33126 | Country Dade | Zip | Country | | |
| 4. FEI Number 65-1028553 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DELGDILLO, RUDY 4872 NW 7TH ST MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name - DELGADILLO, Rudy Street Address (P.O. Box Number is Not Acceptable) 7350 NW 7th STREET Suite 110 City MIAMI FL Zip Code 33126 | | |
| 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 <u>X</u> <u>Rudy</u> <u>03/28/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DELGADILLO, RUDY 3059 NW 11TH ST MIAMI, FL 33125 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ALONSO, ROMMEL 12354 NW 55 ST CORAL SPRINGS, FL 33076 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DELGADILLO, VERONICA 3059 NW 11TH ST MIAMI, FL 33125 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CESPEDES, EVELING 16205 N.W. 83 COURT MIAMI LAKES, FL 33016 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLANDON, Lissette 3422 NW 31th Ave MIAMI, FL 33142 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BLANDON, Lissette 3422 NW 31th Ave MIAMI, FL 33142 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>X</u> <u>Rudy</u> <u>03/28/2005</u> RUDY DELGADILLO PRESIDENT | | | | | |