

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 020 ****61.25

DOCUMENT # N01000000617

1. Entity Name

IGLESIA PENTECOSTAL UNA MIRANDA DE FE', INC.



Principal Place of Business

4692 HOFFNER AVENUE
ORLANDO FL 32812

Mailing Address

4692 HOFFNER AVENUE
ORLANDO FL 32812

2. Principal Place of Business

4692 HOFFNER ROAD
ORLANDO, FL 32812

3. Mailing Address

4692 HOFFNER ROAD
ORLANDO, FL 32812

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

4. FEI Number

52-2311639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LUIS J
4692 HOFFNER RD
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PEREZ, LUIS J
STREET ADDRESS 1564 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME PEREZ, SARA M
STREET ADDRESS 1564 LAWDALE CIRCLE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME APONTE, TRINIDAD
STREET ADDRESS 12208 URACUS ST
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: *Rev. Luis J. Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

Date

(407) 657-6871

Daytime Phone #