2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000003205

1. Entity Name

PENTECOSTAL CHURCH CRISTO LIBERTA AL CAUTIVO



FILED Feb 11, 2008 08:00 AM Secretary of State

(M.E.I.) (IV	IC,		600	Service
Principal Place of Business Mailing Address				
578 E 4TH AVE HIALEAH FL 33010		578 E 4TH AVE HIALEAH FL 33010		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #. etc.		Suite, Apt, #, etc.		1st MOORE CR2E037 (10/07)
City & State		City & State		4. FEI Number 65-1131995 Applied For Not Applicable
Zıp	Country	, Z _i p	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current		Registered Agent		7. Name and Address of New Registered Agent
			Name	
MONTERO, JORGE C 578 E 4TH AVE HIALEAH FL 33010			Street Add	dress (P.O. Box Number is Not Acceptable)
.4			City	Z:p Code
8. The above	named entity submits this statement for	the numose of changing its i	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.				
SIGNATURE.	Signature, typed or conted name of registered agent of	and the flangionsie. (NOTE	: Rag stered Agont signature i	PIATE DI nerve bosin par
FILE NOW: FEE IS \$61.25 9. Election Campaign Fi Trust Fund Contribution			ontribution.	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
	PD MONTERO, JORGE C 300 W 74 PL #314 HIALEAH FL 33014	□ Delate	TITLE NAME STREET ADDRESS CITY-ST-Z:P	U00000824960
	VPD MONTERO, IVONNE 300 W 74 PL #314 HIALEAH FL 33014	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U0000082496U 02/20/08-80101-006 8.75
	SD REYES, MARIA N 6877 NW 179 ST # 304 MIAMI FL 33015	□ Delejte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTEGA, ELENA 18255 NW 73RD AVE # 107 HIALEAH FL 33015	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D HERNANDEZ, EMELINA 6070 WEST 18 AVE # 205 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET AUDRLSS CITY- ST- ZIP		☐ Delete	TITLE NAME STRLET ADDRESS CITY+ST-ZIP	☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

2/1/08 (305)828-6530.