2006

[redacted] UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003916

1. Entity Name

IGLESIA PENTECOSTAL MATEO 28:19 INC.

FILED

06 JUN -7 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
54 Uncle Pete Rd. N. Haines City, FL 33844	

2. Principal Place of Business	3. Mailing Address
54 Uncle Pete Rd.N	P.O. Box 4552
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Haines City, FL	City & State: Haines City, FL.
Zip: 33844 Country: USA	Zip: 33844 Country: USA

4. FEI Number 59-3767855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUEROA, CARLOS 54 UNCLE PETE Rd. N. HAINES CITY, FL 33844	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.

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	9. Election Campaign Financing Trust Fund Contribution. ☑ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD FIGUEROA, Carlos 54 Uncle Pete Rd. N Haines City, FL 33758 ☐ Delete	☐ Change ☐ Addition 200007529402 06/16/06--01050--005 **75.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Falcon, Victor 626 Long Dr. Kissimmee, FL 34758 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALCON, Carmen 626 Long Dr. KISSIMMEE, FL 34758 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition JC 6/12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 5/5/06 ☐ Delete	☐ Change ☐ 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: _____ Carlos Figueroa 4-10-06 863-419-6728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #