


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 004 \*\*\*\*61.25

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| <b>DOCUMENT # N01000005048</b><br>1. Entity Name<br><b>PALESTINA IGLESIA EVANGELICA, INC.</b>   |                                  |   |  |    |  |
| Principal Place of Business<br><b>2475 MICHIGAN AVE.<br/>KISSIMMEE, FL 34744</b>  |                                  |   | Mailing Address<br><b>952 FLORIDA PKWY<br/>KISSIMMEE, FL 34743</b> |   |  |
| 2. Principal Place of Business  |                                  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                  | City & State  |  |   |  |
| Zip   | Country                          | Zip   | Country  | 4. FEI Number<br><b>54-2080632</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MELENDEZ, GUANELIE P<br/>952 FLORIDA PKWY<br/>KISSIMMEE, FL 34743</b>   |                                  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>N/A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 <i>Guanelie P. Pinero</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                  |   |  | DATE <b>2/28/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                                  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |   |  |
| TITLE   | PD                               | <input type="checkbox"/> Delete   | TITLE  | <b>CARMEN MELENDEZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | MELENDEZ, GUANELIE P             |   | NAME   | <b>2752 tropical lake Drive Advisor</b>   |  |
| STREET ADDRESS  | 952 FLORIDA PKWY                 |   | STREET ADDRESS   | <b>Kissimmee Florida 34741</b>  |  |
| CITY-ST-ZIP   | KISSIMMEE, FL 34743              |   | CITY-ST-ZIP  |   |  |
| TITLE   | VD                               | <input type="checkbox"/> Delete   | TITLE  | <b>Doris Figueroa</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| NAME  | PINERO, FLOR M                   |   | NAME   | <b>2600 Walden court Advisor</b>  |  |
| STREET ADDRESS  | 952 FLORIDA PKWY                 |   | STREET ADDRESS   | <b>Kissimmee Florida-34743</b>  |  |
| CITY-ST-ZIP   | KISSIMMEE, FL 34743              |   | CITY-ST-ZIP  |   |  |
| TITLE   | SD                               | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | PINERO, JANET                    |   | NAME   |   |  |
| STREET ADDRESS  | 34 WAGON CIRCLE                  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | KISSIMMEE, FL 34743              |   | CITY-ST-ZIP  |   |  |
| TITLE   | TD                               | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MENDEZ, EFRAIN                   |   | NAME   |   |  |
| STREET ADDRESS  | 34 WAGON CIRCLE                  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | KISSIMMEE, FL 34743              |   | CITY-ST-ZIP  |   |  |
| TITLE   |                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | <b>Doris FIGUEROA</b>            |   | NAME   |   |  |
| STREET ADDRESS  | <b>2600 Walden court ADVISOR</b> |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>KISSIMMEE, FL 34741</b>       |   | CITY-ST-ZIP  |   |  |
| TITLE   |                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                  |   | NAME   |   |  |
| STREET ADDRESS  |                                  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                  |   | 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: <i>Guanelie P. Pinero</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                  |   |  | DATE <b>2/28/05</b><br><small>Date</small>  |  |
| <small>Daytime Phone #</small>  |                                  |   |  |   |  |