

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90013 032 ****61.25

DOCUMENT # N01000005048

1. Entity Name
PALESTINA IGLESIA EVANGELICA, INC.



Principal Place of Business
102 W. MARTIN ST.
KISSIMMEE, FL 34741

Mailing Address
952 FLORIDA PKWY
KISSIMMEE, FL 34743

900422



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
54-2080632

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

MELENDEZ, GUANELIE P
952 FLORIDA PKWY
KISSIMMEE, FL 34743

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MELENDEZ, GUANELIE P ☐ Delete
STREET ADDRESS 952 FLORIDA PKWY
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE VD
NAME PINERO, FLOR M ☐ Delete
STREET ADDRESS 952 FLORIDA PKWY
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE SD
NAME PINERO, JANET ☒ Delete
STREET ADDRESS 34 WAGON CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE TD
NAME MELENDEZ, NERI ☐ Delete
STREET ADDRESS 2752 TROPICAL LAKE DR.
CITY-ST-ZIP KISSIMMEE, FL 34741

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

TITLE ADV
NAME FIGUEROA, DORIS ☒ Delete
STREET ADDRESS 2600 WALDEN COURT
CITY-ST-ZIP KISSIMMEE, FL 34743

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

TITLE ADV
NAME MELENDEZ, CARMEN ☐ Delete
STREET ADDRESS 2752 TROPICAL LAKE DRIVE
CITY-ST-ZIP KISSIMMEE, FL 34741

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/06

Daytime Phone #