

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005201

FILED
Jul 06, 2005
Secretary of State

Entity Name: IGLESIA PENTECOSTAL MONTE DE SION, INC.

Current Principal Place of Business:

15119 NORTHWEST 2ND AV
STE 1
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

362 NE 112 ST
APT 2
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1124376 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND AVENUE
4TH FLOOR
MIAMI, FL 33145 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIOS, EDWIN
Address: 15119 NORTHWEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33168

Title: VD () Delete
Name: RIOS, OLGA M
Address: 15119 NORTHWEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33168

Title: STD () Delete
Name: TORRES, ARNALDO
Address: 15119 NORTHWEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIOS, EDWIN N
Address: 15119 NORTHWEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN RIOS

PD

07/06/2005

Electronic Signature of Signing Officer or Director

Date