2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2006 8:00 am
Secretary of State
09-06-2006 90033 038 ****61.25

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1. Entity Name
IGLESIA PENTECOSTAL REFUGIO DE SALVACION, INC.

Principal Place of Business	Mailing Address
2240 HIGHWAY 484 OCALA, FL 34473	4792 S.W. 143 ROAD LOOP OCALA, FL 34473

08222006 Chg-NP CR2E037 (4/06)

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 06-1730148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRIZARRY, ERNESTO
4792 SW 143 R LOOP
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name ANTONIO DANIEL IMFELD

Street Address (P.O. Box Number is Not Acceptable)

4792 SW 143 R LOOP

City OCALA, FL **FL** Zip Code 34473

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] 8/31/06
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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BENSVIDES, SALVADOR 4680 SW 142 PL RD OCALA, FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S CLARIBEL TIRAU 4792 SW 143 R LOOP OCALA, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR BENAVIDES, ROSA 4680 SW 142 PL RD OCALA, FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIO H. ALVAREZ 439 MARION OAKS COURSE OCALA, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, JUAN G 14300 S.W. 39 COURT ROAD OCALA, FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T MARIA M ALVAREZ 439 MARION OAKS COURSE OCALA, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR RIVERA, GEOVANNI 4681 SW 142 PL RD OCALA, FL 34483	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RAMON L. FIGUEROA 2645 SW 148 LN OCALA, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELTRAN, HERWIN G 14300 S.W. 39 COURT ROAD OCALA, FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C IRIS F FIGUEROA 2645 SW 148 LN OCALA, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] Claribel Tirau 8/31/06 (352) 307-0734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #