
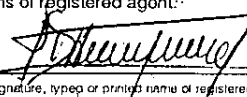


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90073 001 \*\*\*\*\*8.75  
05-03-2007 90073 002 \*\*\*\*\*61.25

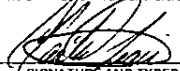
<b>DOCUMENT # N02000001206</b>					
1. Entity Name <b>IGLESIA PENTECOSTAL REFUGIO DE SALVACION, INC.</b>					
Principal Place of Business <b>2240 HIGHWAY 484 OCALA FL 34473</b>			Mailing Address <b>4792 S.W. 143 ROAD LOOP OCALA FL 34473</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1730148</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IMFELD, ANTONIO D 4792 SW 143 R LOOP OCALA FL 34473</b>			7. Name and Address of New Registered Agent		
			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  DATE <b>4/23/07</b>					
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					

1st MOORE CR2E037 (10/06)



<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JIRAU, CLARIBEL 4792 SW 143 R LOOP OCALA FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALVAREZ, MARIO H 439 MARION OAKS COURSE OCALA FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ALVAREZ, MARIA M 439 MARION OAKS COURSE OCALA FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FIGUEROA, RAMON L 2645 SW 148TH LN OCALA FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FIGUEROA, IRIS F 2645 SW 148TH LN OCALA FL 34473	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Claribel Jirau** DATE: **4/23/07** (352) 502-5230