

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90002 008 \*\*\*\*61.25

**DOCUMENT # N02000001298**

1. Entity Name

IGLESIA PENTECOSTAL MISIONERA, INC.



Principal Place of Business

1020 PINERIDGE CIRCLE  
BRANDON FL 33511

Mailing Address

1020 PINERIDGE CIRCLE  
BRANDON FL 33511

34000000



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

80-0038771

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REGISTERED CORPORATE AGENTS, INC.

612 S GREENWOOD AVE Address changed  
CLEARWATER FL 33756

Name

Registered Corporate Agents, Inc

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

612 S Martin Luther King Jr. Ave

City

Clearwater

FL

Zip Code

33756

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	RIVERA, JESUS	
STREET ADDRESS	1020 PINERIDGE CIR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLEN, DIANA	
STREET ADDRESS	7404 MANCHESTER	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLEN, JULIO	
STREET ADDRESS	7404 MANCHESTER	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIRON, ESTHER	
STREET ADDRESS	7608 LAVENDER LN	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	I	<input type="checkbox"/> Delete
NAME	RIVERA, ANGELINA	
STREET ADDRESS	1020 PINERIDGE CIRCLE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNIZ, OLGA	
STREET ADDRESS	9423 WINDMERE PARK CIRCLE	
CITY-ST-ZIP	RIVERVIEW FL 33569	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Jesus M Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/04