


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

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90006 002 ****61.25

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # N02000003575 | | | |  | |
| 1. Entity Name PRIMERA IGLESIA HISPANA ASAMBLEAS DE DIOS, INC. | | | | | |
| Principal Place of Business 4409 KENILWORTH BLVD. SEBRING FL 33870 | | | Mailing Address P. O. BOX 2013 AVON PARK FL 33825 | | |
| 2. Principal Place of Business <i>Same</i> | | | 3. Mailing Address <i>Same</i> | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 16-1635948 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUERRERO, JUAN E 2400 W. CAMELOT RD. AVON PARK FL 33825 | | | | 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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <i>Rev. Juan E. Guerrero</i></div> <div>DATE <i>2-8-04</i></div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D GUERRERO, JUAN E 2400 W. CAMELOT RD. AVON PARK FL 33825 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deacon Carlos Carrero 7608 Rolling Hills Sebring FL 33876 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MARTINEZ, CLARA 2001 WIGHTMAN ST. SEBRING FL 33870 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DTreasurer Gloria Feliciano 2787 W. Hasbrouck Avon Park, FL 33825 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDINA, LUIS 190 DOVER ST. AVON PARK FL 33825 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deacon Gloria Carrero 7608 Rolling Hills Sebring, FL 33876 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENDEZ, ANTONIA 3701 KITE AVE. SEBRING FL 33870 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Rev. Juan E. Guerrero</i> <i>2-8-04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |



MOORE CR2E037 (11/03)

4. FEI Number **16-1635948**

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

**GUERRERO, JUAN E
2400 W. CAMELOT RD.
AVON PARK FL 33825**

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 *Rev. Juan E. Guerrero*

DATE *2-8-04*

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

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SIGNATURE: *Rev. Juan E. Guerrero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *2-8-04*
Date

Daytime Phone #