

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90202 020 ****61.25

DOCUMENT # N02000006678 1. Entity Name IGLESIA PENTECOSTAL LA FE NACIDA DE NUEVO, INC.			
Principal Place of Business 6771-74 MADISON AVE. TAMPA, FL 33619		Mailing Address PO BOX 1686 BRANDON, FL 33509	
2. Principal Place of Business 7647 N 56th St Suite, Apt. #, etc.		3. Mailing Address 1714 W. Cluska Ave Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33617		Zip 33604	
Country USA		Country USA	
4. FEI Number 51-0428551		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 FIGUEROA, ALEX 6771-74 MADISON AVE. TAMPA, FL 33619		7. Name and Address of New Registered Agent Name Andres Figueroa Street Address (P.O. Box Number is Not Acceptable) 1714 W. Cluska Ave City Tampa FL Zip Code 33604	
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 <u><i>Andres Figueroa</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-23-04</u>			
Filing 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 <input checked="" type="checkbox"/> Delete FIGUEROA, ALEX 6771-74 MADISON AVE. TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FIGUEROA, MARIBEL 6771-74 MADISON AVE. TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FIGUEROA, ANDRES 2905 SYCAMORE CT., #7D TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andres Figueroa 1714 W. Cluska Ave Tampa, Florida 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rosemary Figueroa 1714 W. Cluska Ave Tampa, Florida 33604
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
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 exemption stated in Section 119.07(3)(f), 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: <u><i>Andres Figueroa</i></u> ANDRES FIGUEROA		Date <u>4-23-04</u> Daytime Phone # <u>813-935-4999</u>	