

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006678 1. Entity Name IGLESIA PENTECOSTAL LA FE NACIDA DE NUEVO, INC.	
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Principal Place of Business 647 N 56TH ST. TAMPA, FL 33617	Mailing Address 1716 E CLUSTER AVE. TAMPA, FL 33604
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05082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0428551	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIGUEROA, ANDRES
1716 W CLUSTER AVE.
TAMPA, FL 33604

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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 Andres Figueroa Vice President & Pastor 5-15-05
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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ANDRES 1716 W CLUSTER AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, ROSEMARY 1716 W CLUSTER AVE. TAMPA, FL 33604
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06/08/05-80006-007 61.25

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: Andres Figueroa Andres Figueroa 5/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #