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

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # N02000006871 1. Entity Name 04-01-2004 90005 027 ****61.25 CONCILIO PENTECOSTAL SENDA ANTIGUA, INC. Principal Place of Business Mailing Address 903/906 OTTO VILLA PL #3 903/906 OTTO VILLA PL #3 54024974 **TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For <u>Tampa, Florida</u> Tampa, Florida Not Applicable 55-0801390 Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>33612</u> <u>Hillborough</u> 33612 <u>Hillborough</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURGOS, OLGA Street Address (P.O. Box Number is Not Acceptable) 903 OTTO VILLA PL #15 TAMPA FL 33612 City 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 Olga Burgos March 27 2004 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agen 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition BURGOS, OLGA NAME NAME 903/906 OTTO VILLA PL #3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition **BURGOS, LEONIDES** NAME NAME 1504 TILSEN DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP S TITLE ☐ Delete TITLE Change ☐ Addition BURGOS, DIXON NAME NAME 1504 TILSEN DR STREET ADDRESS STREET ADDRESS **TAMPA FL 33612** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Olga Burgos Iga Surgo March 27 2004. 1-813-558-8918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27 2004. 1-813-558-8918
Davinne Phone #

changed, or on an attachment with an address, with all other like empowered.

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