2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000006871

Entity Name
CONCILIO PENTECOSTAL SENDA ANTIGUA, INC.

Principal Place of Business	Mailing Address
903/906 OTTO VILLA PL #3 TAMPA, FL 33612	903/906 OTTO VILLA PL #3 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

02142007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
55-0801390	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURGOS, OLGA
903 OTTO VILLA PL #15
TAMPA, FL 33612

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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___Olga Burgos___
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

March 14 2007
DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

II00000670301
03/27/07-80103-023 61.25

10.	OFFICERS AND DIRECTORS

TITLE	P
NAME	BURGOS, OLGA
STREET ADDRESS	903/906 OTTO VILLA PL #3
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	T
NAME	BURGOS, LEONIDES
STREET ADDRESS	1504 TILSEN DR
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	S
NAME	BURGOS, DIXON
STREET ADDRESS	1504 TILSEN DR
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ___Olga Burgos___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14 2007
Date

813-658-8918
Daytime Phone #