

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006871**

1. Entity Name  
**CONCILIO PENTECOSTAL SENDA ANTIGUA, INC.**



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

Mailing Address  
**903/906 OTTO VILLA PL #3  
TAMPA, FL 33612**



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>55-0801390</b>	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

*Feb. 11 2008*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	

U00000828196  
02/25/08-80002-017 61.25

**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

*Feb. 11 2008*  
Date

*813-558-8918*  
Daytime Phone #