2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000584

FILED Mar 04, 2004 Secretary of State

Entity Name: IGLESIA PENTECOSTAL LUZ DEL EVANGELIO INC.

Current Principal Place of Business: New Principal Place of Business: 38621 CALVIN AVE 7124 FORBES RD ZEPHRYHILLS, FL 33542 ZEPHRYHILLS, FL 33540 **Current Mailing Address: New Mailing Address:** 38827 SOUTH AVENUE ZEPHRYHILLS, FL 33542 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIEVES, FRANCISCA 38827 SOUTH AVENUE ZEPHRYHILLS, FL 33542 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition MARQUEZ, MARIA T MRS Name: Name: Address: Address: 38827 SOUTH AVE City-St-Zip: City-St-Zip: ZEPHYRHILL, FL 33542 Title: Title: () Change (X) Addition () Delete Name: Name: DIANA, AWILDA MRS Address: Address: 38827 SOUTH AVE City-St-Zip: City-St-Zip: ZEPHYRHILL, FL 33542 Title: () Delete Title: () Change (X) Addition Name: NIEVES, NEFTALI Name: 38827 SOUTH AVE Address: Address: City-St-Zip: City-St-Zip: ZEPHYRHILL, FL 33542 Title: () Delete Title: () Change (X) Addition Name: Name: NIEVES, FRANCISCA MRS 38827 SOUTH AVE Address: Address: City-St-Zip: City-St-Zip: ZEPHYRHILL, FL 33542 Title: () Delete Title: () Change (X) Addition QUILES, VICTOR MR Name: Name: 20101 CENTRAL BLVD Address: Address: City-St-Zip: City-St-Zip: LAND O LAKE, FL 34639 Title: () Delete Title: () Change (X) Addition NIEVES. KATHERINE Name: Name: Address: Address: 38827 SOUTH AVE ZEPHYRHILL, FL 33542 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEFTALI NIEVES D 03/04/2004