

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 16 AM 10:28

DOCUMENT # N03000002943

1. Entity Name

IGLESIA PACTO DE DIOS PENTECOSTAL, INC.



Principal Place of Business  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135

Mailing Address  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

83-6408080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORCELLEDO, JORGE L  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FORCELLEDO, JORGE L  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~704 SW 17TH AVE STE 5~~  
~~MIAMI, FL 33135~~ ☐ Change ☐ Addition  
800042192938 237.00  
10/26/04 01001-002 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
FORCELLEDO, MARIA J  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SANCHEZ, YUNIOR  
704 SW 17TH AVE STE 5  
MIAMI, FL 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Jorge L. Forcelledo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/004 (205) 854 2062

Date

Daytime Phone #

11/26/04