

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90010 027 ****65.00

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**



04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0408080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 _____

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FORCELLEDO, JORGE L 704 SW 17TH AVE STE 5 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FORCELLEDO, MARIA J 704 SW 17TH AVE STE 5 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SANCHEZ, YUNIOR 15815. S.W. 102 AVE MIAMI, FL 33157
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L. Forcelledo
PRES.

4/28/07
Date

(786) 312-6935
Daytime Phone #