

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005945

FILED
Jan 10, 2006
Secretary of State

Entity Name: MINISTERIO PENTECOSTAL EL BUEN PASTOR, INC.

Current Principal Place of Business:

4320 NW 2ND AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

3061 NW 75TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 54-2118326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ESMERALDA
3061 NW 75TH STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GONZALEZ, ESMERALDA
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: GONZALEZ, ESTEL
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: LOPEZ, JUSTINA
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: RAMOS, JUAN
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: GONZALEZ, EDWIN
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: RAMOS, CARMEN
Address: 4320 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ESMERALDA GONZALEZ

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date