

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

03-14-2006 90013 009 ****61.25

DOCUMENT # N03000006828

1. Entity Name
IGLESIA PENTECOSTAL EL TRIUNFO, INC.



Principal Place of Business
**301 SEIMA AVE.
TAMPA, FL 33603**

Mailing Address
**301 SEIMA AVE.
TAMPA, FL 33603**

66010704



DO NOT WRITE IN THIS SPACE

02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, MERIDA
918 E. 14TH AVE.
TAMPA, FL 33605**

**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 Merida Martinez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when recording)

3-23-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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	D MARTINEZ, MERIDA 918 E. 14TH AVE. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, ANA 1208 N. BAY ST. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, SANTIAGO 215 E. PALM AVE., APT. 610 TAMPA, FL 33602
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 empowerings.

SIGNATURE: Merida Martinez

Signature and typed or printed name of filer on document on file

4-17-06

Date

Daytime Phone #