

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009316

FILED
Feb 23, 2007
Secretary of State

Entity Name: IGLESIA PENTECOSTAL EL MILENIO, INC.

Current Principal Place of Business:

456 WATERCREST ST.
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

456 WATERCREST ST.
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 65-0695082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATISTA, EVELYN REV.
645 SEBASTIAN BLVD.
SEBASTIAN, FL 32958 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: PRES () Delete
Name: BATISTA, EVELYN REV.
Address: 456 WATERCREST ST.
City-St-Zip: SEBASTIAN, FL 32958

Title: VP () Delete
Name: BATISTA, MARCOS
Address: 456 WATERCREST ST.
City-St-Zip: SEBASTIAN, FL 32958

Title: TRES () Delete
Name: CLAUDIA, AGUSTIN
Address: 243 HARP AVE.
City-St-Zip: SEBASTIAN, FL 32958

Title: SECR () Delete
Name: AGUSTIN, DIANA
Address: 148 CAPRI AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: COLON, FROILAN
Address: 171 DOCK AVE.
City-St-Zip: SEBASTIAN, FL 32958

Title: D () Delete
Name: FLORES, ALFREDO
Address: 1684 ASHBORO CRL.
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: AGUSTIN, CLAUDIA
Address: 243 HARP AVE.
City-St-Zip: SEBASTIAN, FL 32958

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: REV. EVELYN BATISTA

PRS

02/23/2007

Electronic Signature of Signing Officer or Director

Date