

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90192 001 ****61.25
01-31-2005 90192 002 *****8.75

DOCUMENT # N04000002918



1. Entity Name
**IGLESIA CENTRO DE RESTAURACION EL MANTO DEL
PODER DEL ESPIRITU SANTO INC.**

Principal Place of Business
**572 IMPERIAL PLACE
KISSIMMEE, FL 34758**

Mailing Address
**572 IMPERIAL PLACE
KISSIMMEE, FL 34758**

66000680



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number

80-0104409

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, ABIGALEONEL
572 IMPERIAL PLACE
KISSIMMEE, FL 34758**

7. Name and Address of New Registered Agent

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 May 1, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
RIVERA, ABIGALEONEL
572 IMPERIAL PLACE
KISSIMMEE, FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
RIVERA, LILLIAN
572 IMPERIAL PLACE
KISSIMMEE, FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
PLANEDEBALL, JUAN
505 KOALA DR.
KISSIMMEE, FL 34759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PLANEDEBALL, BLANCA M
505 KOALA DR.
KISSIMMEE, FL 34759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-05 (407)460-1515