


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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 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	PT	<input type="checkbox"/> Delete
NAME	RIVERA, ABIGALEONEL	
STREET ADDRESS	572 IMPERIAL PLACE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RIVERA, LILLIAN	
STREET ADDRESS	572 IMPERIAL PLACE	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	TT	<input type="checkbox"/> Delete
NAME	PLANEDEBALL, JUAN	
STREET ADDRESS	505 KOALA DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PLANEDEBALL, BLANCA M	
STREET ADDRESS	505 KOALA DR.	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **01-25-05 (407)460-1515**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #