

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90191 037 ****75.00

DOCUMENT # N04000003187

1. Entity Name

PENTECOSTAL CHURCH CHRIST, GOD'S ANSWER TO
THE WORLD, INC.



Principal Place of Business

2950 HARPER ST
DELTONA FL 32738

Mailing Address

2950 HARPER ST
DELTONA FL 32738

2. Principal Place of Business

600 Ft. Smith Blvd.
Suite, Apt. #, etc.

3. Mailing Address

942 N. Fairbairn Dr.
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/05)

City & State

DELTONA, FLORIDA
Zip Country

City & State

DELTONA, FLORIDA
Zip Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OTERO-APONTE, MARIA
2950 HARPER ST
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name OTERO-APONTE, MARIA
Street Address (P.O. Box Number is Not Acceptable)
942 N. Fairbairn Dr.
City DELTONA FL Zip Code 32725

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

Maria Otero-Aponte

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	APONTE, GREGORIO	
STREET ADDRESS	2950 HARPER ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	P	<input type="checkbox"/> Delete
NAME	OTERO-APONTE, MARIA	
STREET ADDRESS	2950 HARPER ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, HECTOR	
STREET ADDRESS	2950 HARPER ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARMEN	
STREET ADDRESS	2950 HARPER ST	
CITY-ST-ZIP	DELTONA FL 32738	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APONTE, GREGORIO	
STREET ADDRESS	942 N. Fairbairn Dr.	
CITY-ST-ZIP	DELTONA, FL. 32725	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO-APONTE, MARIA	
STREET ADDRESS	942 N. Fairbairn Dr.	
CITY-ST-ZIP	DELTONA, FL. 32725	
TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRIS ARROYO	
STREET ADDRESS	942 N. Fairbairn Dr.	
CITY-ST-ZIP	DELTONA, FL. 32725	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, HECTOR	
STREET ADDRESS	420 WALNUT ST.	
CITY-ST-ZIP	COLUMBIA, PA 17512	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CARMEN	
STREET ADDRESS	420 WALNUT ST.	
CITY-ST-ZIP	COLUMBIA, PA 17512	
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 exemptions contained in Section 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 empowered.

SIGNATURE: Maria Otero-Aponte / Maria Otero-Aponte 4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #