

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


05-11-2005 90130 018 ***61.20
N04000005029

FILED

05 MAY 25 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50051821

DOCUMENT # N04000005029					
1. Entity Name PRIMERA IGLESIA PENTECOSTAL DE DEBARY, INC.					
Principal Place of Business 364 SABAL SPRINGS CT DEBARY, FL 32713			Mailing Address 364 SABAL SPRINGS CT DEBARY, FL 32713		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0511377	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AQUINO, JOSE A 138 DIRKSEN DRIVE DEBARY, FL 32713				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete			
NAME	AQUINO, JOSE A				
STREET ADDRESS	364 SABAL SPRINGS CT				
CITY-ST-ZIP	DEBARY, FL 32713				
TITLE	D	<input type="checkbox"/> Delete			
NAME	VARGAS, JUAN				
STREET ADDRESS	360 METFORD AVE				
CITY-ST-ZIP	DELTONA, FL 32738				
TITLE	D	<input type="checkbox"/> Delete			
NAME	QUILES, RAMON				
STREET ADDRESS	1195 ELKCAM BLVD				
CITY-ST-ZIP	DELTONA, FL 32725				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
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: <u>Carmen Silva</u> CARMEN SILVA - Accountant 5/5/05 (407) 207-5509					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					