


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90022 037 ****70.00

DOCUMENT # N04000006614	
1. Entity Name IGLESIA PENTECOSTAL LOS DEL CAMINO INC	

Principal Place of Business 2689 GOLD DUST CIRCLE KISSIMMEE FL 34744	Mailing Address 2689 GOLD DUST CIRCLE KISSIMMEE FL 34744
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 102150 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Saint claud, Florida	4. FEI Number 57-1209795
Zip 34770-2150	Country Osceola

Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSA, MANUELA 2689 GOLD DUST CIRCLE KISSIMMEE FL 34744
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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 <u>Rev: Manuel A. Rosa</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)	DATE <u>2/12/07</u>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
P ROSA, MANUEL A REV 2689 GOLD DUST CIRCLE KISSIMMEE FL 34744	
M ROSA, NILSAL E REV 2689 GOLD DUST CIRCLE KISSIMMEE FL 34744	
CD ROSA, MANUEL A 2689 GOLD DUST CIR KISSIMMEE FL 34744	
TS ROSA, NILSA E 2689 GOLD DUST CIR KISSIMMEE FL 34744	
DELETE <input type="checkbox"/>	
DELETE <input type="checkbox"/>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

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: <u>Rev: Manuel A. Rosa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>MANUEL A. ROSA - PASTOR</u> Date	<u>2/12/07</u> Daytime Phone #	<u>407.414.4197</u>
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