

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009945

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** IGLESIA PENTECOSTAL LA TRANSFIGURACION, INC.

**Current Principal Place of Business:**

2854 RECKER HWY  
VILLAGE SQUARE PLAZA  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

168 KINGS POND AVENUE  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

222 ESCAMBIA DRIVE  
WINTER HAVEN, FL 33884 US

**FEI Number:** 20-1774219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRASQUILLO, EDUARDO  
168 KINGS POND AVENUE  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

CARRASQUILLO, EDUARDO  
222 ESCAMBIA DRIVE  
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: \_\_\_\_\_

04/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARRASQUILLO, EDUARDO  
Address: 168 KINGS POND AVENUE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP ( ) Delete  
Name: MEDINA, MARILYN  
Address: 704 HATFIELD ROAD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: T ( ) Delete  
Name: COLON, ANGEL  
Address: 705 WATERBRIDGE DR  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: S ( ) Delete  
Name: BRACERO, EDUARDO J  
Address: SOUTH RIO GRANDE AVENUE APT 308C  
City-St-Zip: ORLANDO, FL 32839 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MEDINA

VP

04/28/2007

Electronic Signature of Signing Officer or Director

Date