


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90004 042 \*\*\*\*61.25

**DOCUMENT # N05000003766**

1. Entity Name  
**PRIMERA IGLESIA DE DIOS EN VALRICO, INC.**



Principal Place of Business  
**903 NINA ELIZABETH CIRCLE #101 BRANDON, FL 33510**

Mailing Address  
**903 NINA ELIZABETH CIRCLE #101 BRANDON, FL 33510**



2. Principal Place of Business  
**703 S. Saint Cloud Ave**

3. Mailing Address  
 Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State  
**Valrico, FL**

City & State

Zip  
**33594**

Country  
**US**

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QUINTERO, HUGO  
 903 NINA ELIZABETH CIRCLE #101  
 BRANDON, FL 33510**

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, 2006**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>QUINTERO, HUGO</b>
STREET ADDRESS	<b>903 NINA ELIZABETH CIRCLE #101</b>
CITY-ST-ZIP	<b>BRANDON, FL 33510</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, TERESITA</b>
STREET ADDRESS	<b>903 NINA ELIZABETH CIRCLE #101</b>
CITY-ST-ZIP	<b>BRANDON, FL 33510</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CORTEZ, MARIA</b>
STREET ADDRESS	<b>903 NINA ELIZABETH CIRCLE #101</b>
CITY-ST-ZIP	<b>BRANDON, FL 33510</b>
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	
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 Chapter 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: *HUGO QUINTERO***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/03/06** Daytime Phone # **(813) 842-3791**