## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003832

FILED Sep 18, 2009 Secretary of State

Entity Name: AGENCIA DE SERVICIOS SOCIALES PENTECOSTALES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4940 HOFFNER AVENUE ORLANDO, FL 32812 **Current Mailing Address: New Mailing Address:** 4940 HOFFNER AVENUE ORLANDO, FL 32812 FEI Number: 66-0497143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARO, MOISES P GARO, MOISES 2256 GRENVIEW CIRCLE 2079 KEEL WAY ORLANDO, FL 32808 KISSIMMEE, FL 34744 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: MOISES GARO 09/18/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MEDERO, JUAN C MARRERO, ISAEL Name: Name: 34 KINGSMEN CIRCLE Address: 684 S.E. Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: WINTER HAVEN, FL 33880 Title: SD Title: SD (X) Change ( ) Addition () Delete Name: RUIZ, JOSE V Name: GERENA, ANTONIO Address: 194 HIDDEN SPRINGS CIRCLE Address: 512 KILIMANJARA DR. City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34758 Title: () Delete Title: (X) Change ( ) Addition CRUZ, JOHNNY Name: JIMENEZ, ANGEL Name: 100025 VISTA COVE LN Address: 420 ULN ROAD NW Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: ( ) Change (X) Addition Name: Name: MARTNEZ, MIRIAM Address: Address: 2411 W. ROCHESTER RD City-St-Zip: City-St-Zip: AVON PARK, FL 33825 Title: () Delete Title: ( ) Change (X) Addition RIVERA, OBED Name: Name: 1741 N.W. 7TH ST. APT. 501 Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 33475

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: MOISES GARO D 09/18/2009