

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90014 029 ****61.25

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1. Entity Name

**MINISTERIO EVANGELISTICO PENTECOSTES LIRIO DE
LOS VALLES, INC**



Principal Place of Business

1013 LUCERNE AVE 17
LAKE WORTH FL 33460

Mailing Address

50 LANCASTER DR
GREENACRES FL 33463

50 Lancaster Dr.

2. Principal Place of Business - No P.O. Box #

1013 Lucerne Ave #17

3. Mailing Address

Lot 79

Suite, Apt. #, etc.

Lake Worth FL 33460

Suite, Apt. #, etc.

Greenacres FL

City & State

City & State

33463

Zip

Country

Zip

Country

4. FEI Number

20-3168395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**-LOPEZ, ROBERTO
50 LANCASTER DR
GREENACRES FL 33463**

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME LOPEZ, ROBERTO
STREET ADDRESS 50 LANCASTER DR
CITY- ST- ZIP GREENACRES FL 33463

TITLE ☐ Delete
NAME VP
STREET ADDRESS SEBASTIAN, GASPAR L
CITY- ST- ZIP 425 WINTER ST
WEST PALM BEACH FL 33405

TITLE ☐ Delete
NAME S
STREET ADDRESS MATEO, SEBASTIAN
CITY- ST- ZIP 3668 ELIZABETH ST
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME T
STREET ADDRESS MATEO, PABLO A
CITY- ST- ZIP 3668 ELIZABETH ST
LAKE WORTH FL 33461

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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: