2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008657

1. Entity Name
IGLESIA CRISTIANA PACTO DE FE INC.

Principal Place of Business	Mailing Address
1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266 US	1481 N.E. LIVINGSTON STREET ARCADIA, FL 34266 US

01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3346084
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUENTES, DILMAN
1481 N.E. LIVINGSTON ST.
ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000592619
01/19/07-80070-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUENTES, DILMAN
STREET ADDRESS	1481 N.E. LIVINGDTON STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	S
NAME	GARCIA, MARTA
STREET ADDRESS	1481 N.E. LIVINGSTON STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	T
NAME	FUENTES, ELIZABETH
STREET ADDRESS	1481 N.E. LIVINGSTON STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1-16-07 813-870-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #