


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

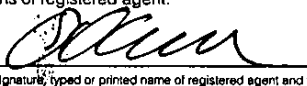
04-27-2007 90204 001 ****61.25

DOCUMENT # N05000009011	
1. Entity Name IGLESIA EL CAMINO DEL SENOR, INC.	

Principal Place of Business 5495 PARK BLVD NORTH PINELLAS PARK, FL 33781	Mailing Address 5495 PARK BLVD NORTH PINELLAS PARK, FL 33781
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ESCRUCERIA, LUIS D 5495 PARK BLVD NORTH PINELLAS PARK, FL 33781

8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE  Signature typed or printed name of registered agent and title

**Filing Fee is \$81.25
Due by May 1, 2007**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCRUCERIA, LUIS D 6408-109TH AVE NORTH PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERA, ANGEL 5151-4TH ST. N., #211 SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, MIGUEL 4507 BRAY ROAD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6481 - 66th Avenue North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rivera, Edvigis 6371 - 71st Street North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **April 26/07 727-5469524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40006530



04232007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3413520

Applied For
☐ Not Applicable

Status Desired ☐ \$8.75 Additional Fee Required

Address of New Registered Agent

is Not Acceptable)

FL

Zip Code

in the State of Florida. I am familiar with, and accept

April 26/07

DATE

Make check payable to
Florida Department of State

GES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition