


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010937 1. Entity Name EL REMANENTE PENTECOSTAL CHURCH, INC	
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Principal Place of Business 314 GARDEN DR WAUCHULA, FL 33873 US	Mailing Address 314 GARDEN DR WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4007211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LA CRUZ, JUAN SR 314 GARDEN DR WAUCHULA, FL 33873	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA CRUZ, JUAN 314 GARDEN DR WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIERRA, NOE 511 PALMETTO WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T SALGADO, JUAQUIN 141 PAUCHER RD WAUCHULA, FL 33873
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/08/07-80035-009 150.00

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: Noe Sierra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #