

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

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 015 ****61.25

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1. Entity Name
IGLESIA PENTACOSTAL REY DE LAS NACIONES, INC.



Principal Place of Business
14300 SW 39 COURT ROAD
OCALA, FL 34473

Mailing Address
14300 SW 39 COURT ROAD
OCALA, FL 34473

*NEW 2741 SW 153 PL RD
OCALA FL 34473*

DO NOT WRITE IN THIS SPACE

60003012



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3952832

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

BENAVIDES, SALVADOR
2741 SW 153 PLACE ROAD
OCALA, FL 34473

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENAVIDES, SALVADOR PASTOR 2741 SW 153 PLACE ROAD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JUAN CO-PAST <i>DELETE</i> 14300 SW 39 COURT ROAD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, GAIL <i>DELETE</i> 14300 SW 39 COURT ROAD OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERA, DAYS <i>DELETE</i> 8310 SW 135 LOOP OCALA, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ROSA BENAVIDES ADD</i> 2741 SW 153 PL RD / 5 TD OCALA FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LOREN BENAVIDES ADD</i> 236 MARION OAKS LA, OCALA FL 34473 <i>D</i>

**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:

Rosa Benavides

DIR/T

1/15/7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #