


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-27-2007 90001 007 ****70.00

DOCUMENT # N06000002899 1. Entity Name PENTECOSTAL CHURCH LA PRIMITIVA INC.					
Principal Place of Business 2051 DANESE ST. JACKSONVILLE, FL 32206			Mailing Address 2051 DANESE ST. JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 3225 Southside Blvd Suite, Apt. #, etc.		3. Mailing Address PO Box 8099 Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32216		City & State Jacksonville, FL Zip 32239-8099		4. FEI Number 830 363 036 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01032007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SOBRADO, CARMEN 2051 DANESE ST. JACKSONVILLE, FL 32206			7. Name and Address of New Registered Agent Name Victor Merced Street Address (P.O. Box Number is Not Acceptable) 3451 Saland Way Apt 103 City Jacksonville FL Zip Code 32246		
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 Victor Merced (Pastor) <small>Signature, typed or printed name of registered agent and state if applicable.</small>		Victor Merced <small>(NOTE: Registered Agent signature required when reinstating)</small>		Feb 26, 2007 <small>DATE</small>	
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCED, LUCY 3451 SALAND WAY, APT. 103 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Victor Merced 3451 Saland Way Apt 103 Jacksonville FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOBRADO, JULIO 3211 KENISTONE LN. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOBRADO, CARMEN 2051 DANESE ST. JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Victor Merced <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Victor Merced <small>Date</small>		Feb 26, 2007 <small>Daytime Phone #</small>	