


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # N06000010166 | |  |
| 1. Entity Name CONCILIO IGLESIAS CRISTIANAS PENTECOSTALES, INC. | | |
| Principal Place of Business 3019 NORTH PINE HILLS RD ORLANDO, FL 32808 | Mailing Address 3019 NORTH PINE HILLS RD ORLANDO, FL 32808 | |



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 4. FEI Number 38-3744938 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent PORTALATIN, NESTOR R REV. 3417 JAMESON DR APOPKA, FL 32703 | 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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

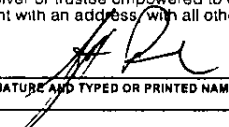
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PORTALATIN, NESTOR R REV. 3417 JAMESON DR APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROLON, JUSTINO 502 PALACE DR ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROSARIO, WILFREDO 2217 WOODWIND DR ORLANDO, FL 32808 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PORTALATIN, CARMEN I 3920 FOOTHILLS DR ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000795329
01/28/08-80044-009 70.00

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:  (Justino Rolon)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03
Date

(407) 862-8539
Daytime Phone #