


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N06826 1. Entity Name IGLESIA EVANGELISTICA PENTECOSTAL CONCILIO LOS SETENTA LUCAS 10. INC.	
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Principal Place of Business 6920 W COMANCHE AVE TAMPA, FL 33614 US	Mailing Address 4594 - 16TH AVENUE N. ST. PETERSBURG, FL 33713
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06082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2387649	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 RODRIGUEZ, FILIBERTO 4594 16TH AVE N ST PETERSBURG, FL 33713

**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	<i>Filiberto Rodriguez</i> Filiberto Rodriguez	6/30/04
<small>Signature, typed or printed name of registered agent and title (indicate)</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>

Filing Fee is \$61.25 Due by September 8, 2004	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	PD
NAME	FILIBERTO, RODRIGUEZ
STREET ADDRESS	4594 16TH AVE. N.
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	VPD
NAME	CRUZADO, WILFREDO
STREET ADDRESS	2711 WEST ARCH STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	SD
NAME	MORALES, FRANCISCO
STREET ADDRESS	5807 N. 4TH STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	SSD
NAME	FRAGUADA, ROANLD
STREET ADDRESS	4330 ALLEN ROAD
CITY-ST-ZIP	ZEPHERHILLS, FL 33545
TITLE	TD
NAME	LOPEZ, ISMAEL
STREET ADDRESS	1846 2ND AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	D
NAME	NIEVES, NORMA
STREET ADDRESS	3332 LAMBERT AVENUE
CITY-ST-ZIP	SPRING HILL, FL 34608

U000000163034
07/02/04-80001-015 61.25

U000000163034
07/02/04-80001-016 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
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SIGNATURE: <i>Filiberto Rodriguez</i>	6/30/04	(727) 321-6532
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Filiberto Rodriguez		