

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06826

FILED
Mar 28, 2006
Secretary of State

Entity Name: IGLESIA EVANGELISTICA PENTECOSTAL CONCILIO LOS SETENTA LUCAS 10. INC.

Current Principal Place of Business:

6920 W COMANCHE AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4594 - 16TH AVENUE N.
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-2387649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, FILIBERTO
4594 16TH AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FILIBERTO, RODRIGUEZ
Address: 4594 16TH AVE. N.
City-St-Zip: ST PETERSBURG, FL 33713

Title: VPD () Delete
Name: CRUZADO, WILFREDO
Address: 2711 WEST ARCH STREET
City-St-Zip: TAMPA, FL 33607

Title: SD () Delete
Name: MORALES, FRANCISCO
Address: 5807 N. 4TH STREET
City-St-Zip: TAMPA, FL 33604

Title: SSD () Delete
Name: FRAGUADA, RONALD
Address: 4330 ALLEN ROAD
City-St-Zip: ZEPHERHILLS, FL 33545

Title: TD (X) Delete
Name: LOPEZ, ISMAEL
Address: 1846 2ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D (X) Delete
Name: NIEVES, NORMA
Address: 5161 DARTMOUTH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RODRIGUEZ, FILIBERTO
Address: 4594 16TH AVE. N.
City-St-Zip: ST PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: NIEVES, NORMA
Address: 5161 DARTMOUTH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FILIBERTO RODRIGUEZ

PD

03/28/2006

Electronic Signature of Signing Officer or Director

Date