

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06826

FILED
Aug 09, 2007
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:

P.O. BOX 4208
TAMPA, FL 33677

New Mailing Address:

FEI Number: 59-2387649 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRUZADO, WILFREDO
2711 WEST ARCH STREET
TAMPA, FL 33607 US

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: CRUZADO, WILFREDO
Address: 2711 WEST ARCH STREET
City-St-Zip: TAMPA, FL 33607

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

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

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

Title: TD () Delete
Name: MARRERO, LUIS
Address: 5343 WHIPPORWILL DRIVE
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: NIEVES, NORMA
Address: 2056 68TH TERRACE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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 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: WILFREDO CRUZADO

PD

08/09/2007

Electronic Signature of Signing Officer or Director

Date