

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10189

FILED
Apr 15, 2009
Secretary of State

Entity Name: FIRST UNITED PENTECOSTAL CHURCH OF IMMOKALEE, INC.

Current Principal Place of Business:

2609 LAKE TRAFFORD RD.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5265
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 59-2391013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ALBERT
2707 EDEN AVE
IMMOKALEE, FL 34142 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: C () Delete
Name: RIOS, MATIAS
Address: 1328 REFLECTIONS LN UNIT 7
City-St-Zip: IMMOKALEE, FL 34142

Title: TTD () Delete
Name: NAVARRO, REYMAR
Address: 304 WEEKS TERR.
City-St-Zip: IMMOKALEE, FL

Title: TD () Delete
Name: PRATT, ZOLA
Address: 1330 SANTA ROSA
City-St-Zip: IMMOKALEE, FL

Title: S () Delete
Name: RIOS, JANET S SECRETA
Address: 1328 REFLECTIONS LN. UNIT 7
City-St-Zip: IMMOKALEE, FL 34142

Title: T () Delete
Name: NAVARRO, AMY L TREASUR
Address: 304 WEEKS TER.
City-St-Zip: IMMOKALEE, FL 34142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TTD (X) Change () Addition
Name: NAVARRO, REYMAR
Address: 304 WEEKS TERR.
City-St-Zip: IMMOKALEE, FL 34142

Title: TD (X) Change () Addition
Name: PRATT, ZOLA
Address: 1330 SANTA ROSA
City-St-Zip: IMMOKALEE, FL 34142

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

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

Title: TD () Change (X) Addition
Name: NAVARRO, ROBERT L
Address: 304 WEEKS TER
City-St-Zip: IMMOKALEE, FL 34142

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: MATIAS RIOS

C

04/15/2009

Electronic Signature of Signing Officer or Director

Date