


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14371</b> 1. Entity Name <b>FEDERATION OF PENTECOSTAL CHURCHES ALPHA &amp; OMEGA, INC.</b>		
Principal Place of Business <b>%JOHNNY RODRIGUEZ 3209-A N. ARMENIA AVE. TAMPA, FL 33607</b>	Mailing Address <b>%JOHNNY RODRIGUEZ 3209-A N. ARMENIA AVE. TAMPA, FL 33607</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, JOHNNY 3209 N. ARMENIA AVE. TAMPA, FL 33607</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAZQUEZ-VELEZ, WILLIAM 3S. MYRTLE ST. VINELAND, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANDELARIO, ANIBAL P. O. BOX 614, NA VINELAND, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIEVES, HECTOR M. 818 PARK AVE. VINELAND, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PACHECO, PABLO 8902 W. CLUSTER AVE. TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, JOHNNY 3209 N. ARMENIA AVE. TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
SIGNATURE: <u>Johnny Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/8/05</u> <small>Daytime Phone #</small>



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>22-3200001</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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03/14/05-80084-006 61.25

**DO NOT WRITE  
IN THIS SPACE**