

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N14371

1. Entity Name
**FEDERATION OF PENTECOSTAL CHURCHES ALPHA &
OMEGA, INC.**



Principal Place of Business

**%JOHNNY RODRIGUEZ
3209-A N. ARMENIA AVE.
TAMPA, FL 33607**

Mailing Address

**%JOHNNY RODRIGUEZ
3209-A N. ARMENIA AVE.
TAMPA, FL 33607**



01182006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3200001

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOHNNY
3209 N. ARMENIA AVE.
TAMPA, FL 33607**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

11000004557151
01/22/06-80044-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
VAZQUEZ-VELEZ, WILLIAM
38. 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.
813 PARK AVE.
VINELAND, NJ**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PACHECO, PABLO
6802 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Johnny Rodriguez D.
JOHNNY RODRIGUEZ D.

3/10/06
3/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #