2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N14371

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

Principal Place of Business	Mailing Address
%JOHNNY RODRIGUEZ 3209-A N. ARMENIA AVE. TAMPA, FL 33607	%JOHNNY RODRIGUEZ 3209-A N. ARMENIA AVE. TAMPA, FL 33607

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02252008 No Chg-NP CR2E037 (4/06)

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

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD00008634O2
04/03/08-80091-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAZQUEZ-VELEZ, WILLIAM
STREET ADDRESS	3S. MYRTLE ST.
CITY-ST-ZIP	VINELAND, NJ
TITLE	D
NAME	CANDELARIO, ANIBAL
STREET ADDRESS	P. O. BOX 614, NA
CITY-ST-ZIP	VINELAND, NJ
TITLE	D
NAME	NIEVES, HECTOR M.
STREET ADDRESS	818 PARK AVE.
CITY-ST-ZIP	VINELAND, NJ
TITLE	D
NAME	PACHECO, PABLO
STREET ADDRESS	8902 W. CLUSTER AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	RODRIGUEZ, JOHNNY
STREET ADDRESS	3209 N. ARMENIA AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] Johnny Rodriguez, D. 3/17/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #