

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14371

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



FILED
Feb 19, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02162007 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

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

000000642309
03/01/07-80038-004 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #