


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90006 043 ****61.25

DOCUMENT # N15550 1. Entity Name IGLESIA EVANGELICA DIA DE PENTECOSTES, INC.					
Principal Place of Business 176 WEST 1ST AVE HIALEAH, FL 33010			Mailing Address 3535 WEST 8TH AVE HIALEAH, FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-2693147					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CASTRO, HECTOR M. 3535 W. 8TH AVE. HIALEAH, FL 33012					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	CASTRO, HECTOR M.		NAME		
STREET ADDRESS	3535 WEST 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	CASTRO, CIRA A.		NAME		
STREET ADDRESS	3535 WEST 8TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	BORJA, RENE		NAME		
STREET ADDRESS	850 W. 49 STREET #103		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	RASKY, MARIA DE J		NAME		
STREET ADDRESS	3535 W. 8TH AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	SD	
STREET ADDRESS			STREET ADDRESS	DANIEL HERNANDEZ	
CITY-ST-ZIP			CITY-ST-ZIP	11991 SW 195 STREET	
				MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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>Hector Castro</u> <i>Hector Castro</i> 4/1/05 305-820-0150					