

2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N18105

1. Entity Name

IGLESIA PENTECOSTAL CORONA DE VIDA ALPHA & OMEGA, INC.

US



Principal Place of Business

% REV HECTOR RIVERA 4441 TIFFIN AVENUE SPRINGHILL, FL 34609 Mailing Address

% REV HECTOR RIVERA **4441 TIFFIN AVENUE** SPRINGHILL, FL 34609

US

FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90228 034 ****70.00

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ח	0	NOT	WRI	TE IN	THIS	SPACE
E		141.71	40111	1 E. EIW	4 1 11.3	. T E E

6. Name and Address of Current Registered Agent

5	Certificate of Status Desired	\checkmark	\$8.7	' 5 ,	Additional
	59-3005153				Not Applicable
4.	FEI Number				Applied For

03012004 No Chg-NP

Fee Required

CR2E037 (10/03)

RIVERA, HECTOR DO NOT WRITE 4441 TIFFIN AVE SPRINGHILL, FL 34609 IN THIS SPACE

				PARTMENOS	108790				
8. The above the obligat	named entity submits this statement for the pu ions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept				
SIGNATURE_	VATURE 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, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	TORS		l	-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, HECTOR 4441 TIFFIN AVENUE SPRINGHILL, FL	****							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVAIRE, JEANETTE 1745 LARKING ROAD SPRING HILL, FL 34608	·							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, PABLO 10248 NODDY TEN RD BROOKSVILLE, FL		s.	DO	NOT WRITE				
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	S ACEVEDO, ENEIDA 10322 BANNOFK ST SPRING HILL, FL 34608			IN .	THIS SPACE				
TITLE NAME									

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 pother like empowered.

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CCTY-ST-7IP

Daytime Phone #