

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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90170 023 ****66.25

DOCUMENT # N26544

1. Entity Name
MISIONES PENTECOSTALES LATINOAMERICANAS, INC.



Principal Place of Business
C/O EMILIANO GONZALEZ
2639 NW 20 STREET
MIAMI, FL 33142

Mailing Address
C/O EMILIANO GONZALEZ
4320 NW 198TH TERRACE
MIAMI, FL 33055



04262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0089439

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISIONES LATINOAMERICANAS PENTECOSTALES
4320 NW 198TH TERRACE
MIAMI, FL 33055

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | GONZALEZ, EMILIANO |
| STREET ADDRESS | 4320 NW 198 TERRACE |
| CITY-ST-ZIP | CAROL CITY, FL |
| TITLE | VD |
| NAME | GONZALEZ, HIRALDINA |
| STREET ADDRESS | 4620 NW 198 TERRACE |
| CITY-ST-ZIP | CAROL CITY, FL |
| TITLE | S |
| NAME | LOBO, MARTHA |
| STREET ADDRESS | 1051 SW 74 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33144 |
| TITLE | TD |
| NAME | RIOS, DEBORAH |
| STREET ADDRESS | 430 NW 103 TERRACE |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 |
| TITLE | D |
| NAME | RIOS, FRANCISCO J |
| STREET ADDRESS | 430 NW 103 TERRACE |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-04 305-6244286