
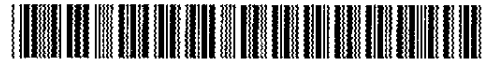


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N34983		
1. Entity Name NARROW DOOR PENTECOSTAL COUNCIL OF GOD M.I. INC.		
Principal Place of Business 229 14TH ST. HAINES CITY, FL 33845 US	Mailing Address P.O. BOX 836 HAINES CITY, FL 33845	



03192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2978215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAPARRO, PABLO REV. 229 14TH STREET HAINES CITY, FL 33844	DO NOT WRITE IN THIS SPACE
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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 _____ (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**

U00000094295
03/22/04-80053-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHAPARRO, PABLO 229 14TH ST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MACY, JOSE F 3301 MAKER AVE., # 102 HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TVD CHAPARRO, CARMEN 3309 BAKER AVE. HAINES CITY, FL 33845
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HERNANDEZ, REYNA 1166 HOOKERS POINT CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HERNANDEZ, TRANQUILINO 1166 HOOKERS POINT CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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)(c), 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: *Pablo Chaparro* **3/19/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #