

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34983

FILED
Mar 11, 2009
Secretary of State

Entity Name: NARROW DOOR PENTECOSTAL COUNCIL OF GOD M.I. INC.

Current Principal Place of Business:

229 14TH ST.
HAINES CITY, FL 33845 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 836
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: 59-2978215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPARRO, PABLO REV.
229 14TH STREET
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

CHAPARRO, DR.PABLO REV.
229 14TH STREET
HAINES CITY, FL 33844 US

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.

SIGNATURE: DR.PABLOCHAPARRO

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAPARRO, PABLO
Address: 229 14TH ST
City-St-Zip: HAINES CITY, FL

Title: S () Delete
Name: MENENDEZ, ALBERTO
Address: 229 14TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: TVD () Delete
Name: CHAPARRO, CARMEN
Address: 3309 BAKER AVE.
City-St-Zip: HAINES CITY, FL 33845

Title: C () Delete
Name: HERNANDEZ, REYNA
Address: 1166 HOOKERS POINT
City-St-Zip: CLEWISTON, FL 33440

Title: C () Delete
Name: HERNANDEZ, TRANQUILINO
Address: 1166 HOOKERS POINT
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAPARRO, DR.PABLO
Address: 229 14TH ST
City-St-Zip: HAINES CITY, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR.PABLOCHAPARRO

PR

03/11/2009

Electronic Signature of Signing Officer or Director

Date