

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36602 (3)

1. Corporation Name  
**2DA. IGLESIA PENTECOSTAL ARCA DE REFUGO, INC.**



Principal Place of Business Mailing Address  
**%DOMINGO DEL VALLE**  
**3402 MAYDELL DR.**  
**TAMPA FL 33619**

3. Date Incorporated or Qualified **02/08/1990** 3a. Date of Last Report **01/30/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-2994582</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DEL VALLE, DOMINGO</b> <b>3402 MAYDELL DR.</b> <b>TAMPA FL 33619</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, DOMINGO		1.2 NAME				
STREET ADDRESS	3402 MAYDELL DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, ENGRACIA		2.2 NAME				
STREET ADDRESS	3402 MAYDELL DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYALA, EPIFANIO		3.2 NAME				
STREET ADDRESS	309 E. SELMA AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN		4.2 NAME				
STREET ADDRESS	1342 WAIKIKI WAY		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, MELQUIADE		5.2 NAME	<i>Angelina del Valle</i>			
STREET ADDRESS	7704 CORAL VINE		5.3 STREET ADDRESS	<i>7704 Coral Vine</i>			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	<i>Tampa, FL 33619</i>			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Domingo Del Valle* 2-27-96 248-6950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)