

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

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36602 (3)**

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



Principal Place of Business <b>%DOMINGO DEL VALLE 3402 MAYDELL DR TAMPA FL 33619</b>	Mailing Address <b>%DOMINGO DEL VALLE 3402 MAYDELL DR. TAMPA FL 33619-6238</b>
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3. Date Incorporated or Qualified <b>02/08/1990</b>	3a. Date of Last Report <b>03/06/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2994582</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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 <b>DEL VALLE, DOMINGO 3402 MAYDELL DR. TAMPA FL 33619</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEL VALLE, DOMINGO 3402 MAYDELL DRIVE TAMPA FL	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 DEL VALLE, ENGRACIA 3402 MAYDELL DRIVE TAMPA FL	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 AYALA, EPIFANIO 309 E. SELMA AVENUE TAMPA FL	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 MARTINEZ JUAN 342 MARTINEZ WAY TAMPA FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ JUAN	4.2 NAME	<b>Sixto Rivera</b>
STREET ADDRESS	342 MARTINEZ WAY	4.3 STREET ADDRESS	<b>1714 wishing well way</b>
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	<b>Tampa, Fl. 33619</b>
TITLE	D DEL VALLE, ANGELINA 7704 CORAL VINE TAMPA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, ANGELINA	5.2 NAME	
STREET ADDRESS	7704 CORAL VINE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Engracia Del Valle **REQUIRED** 3/28/97 Date Daytime Phone # 0048537

CR2E037 (9/96)