

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</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</b>
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3. Date Incorporated or Qualified <b>02/08/1990</b>	
4. FEI Number <b>59-2994582</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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**9. Name and Address of Current Registered Agent**

**DEL VALLE, DOMINGO  
3402 MAYDELL DR.  
TAMPA FL 33619**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEL VALLE, DOMINGO</b>	
STREET ADDRESS	<b>3402 MAYDELL DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEL VALLE, ENGRACIA</b>	
STREET ADDRESS	<b>3402 MAYDELL DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>AYALA, EPIFANIO</b>	
STREET ADDRESS	<b>309 E. SELMA AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIVERA, SIXTO</b>	
STREET ADDRESS	<b>1714 WISHING WELL WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEL VALLE, ANGELINA</b>	
STREET ADDRESS	<b>7704 CORAL VINE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Beatriz Febol</b>
5.3 STREET ADDRESS	<b>6223 N. 49 St.</b>
5.4 CITY-ST-ZIP	<b>Tampa, Fl. 33610</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* 3/4/98

CFR2037 (10/97)