

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

06-01-2005 90016005 ***61.00
N36602

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36602 1. Entity Name 2DA. IGLESIA PENTECOSTAL ARCA DE REFUGO, INC.					
Principal Place of Business %DOMINGO DEL VALLE 3402 MAYDELL DR. TAMPA, FL 33619			Mailing Address %DOMINGO DEL VALLE 3402 MAYDELL DR. TAMPA, FL 33619		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2994582	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEL VALLE, DOMINGO 3402 MAYDELL DR. TAMPA, FL 33619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DEL VALLE, DOMINGO 3402 MAYDELL DRIVE TAMPA, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DEL VALLE, ENGRACIA 3402 MAYDELL DRIVE TAMPA, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD AYALA, EPIFANIO 309 E. SELMA AVENUE TAMPA, FL <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RIVERA, SIXTO 1714 WISHING WELL WAY TAMPA, FL <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FEBO, BEATRIZ 6223 N 49 ST TAMPA, FL 33610 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jose Bonilla 3908 N. SUWANNEE AVE. Tampa, FL 33603					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. 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 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: <u>Engracia Del Valle</u> <u>Engracia Del Valle</u> 5-26-05 (813)248-5069					