


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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
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01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2994582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEL VALLE, DOMINGO
 3402 MAYDELL DR.
 TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

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.

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL VALLE, DOMINGO 3402 MAYDELL DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASADO, ENGRACIA 919 E MLK BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONILLA, JOSE 3908 N SUWANEE AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, SIXTO 1714 WISHING WELL WAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEBO, BEATRIZ 6223 N 49 ST TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000783432
 01/16/08-80014-015 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Engracia Casado **Engracia Casado** 01-09-08 813-246-5069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #