

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36602

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: 2DA. IGLESIA PENTECOSTAL ARCA DE REFUGO, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2994582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEL VALLE, DOMINGO  
Address: 3402 MAYDELL DRIVE  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: CASADO, ENGRACIA  
Address: 919 E MLK BLVD  
City-St-Zip: TAMPA, FL 33603

Title: TD ( ) Delete  
Name: BONILLA, JOSE  
Address: 3908 N SUWANEE AVE  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: RIVERA, SIXTO  
Address: 1714 WISHING WELL WAY  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: FEBO, BEATRIZ  
Address: 6223 N 49 ST  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINGO DEL VALLE

PD

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date