


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90231 028 \*\*\*\*70.00

<b>DOCUMENT # N44292</b>	
1. Entity Name PRIMERA IGLESIA PENTECOSTAL DE CASSELBERRY, INC.	

Principal Place of Business 1481 SEMINOLA BLVD CASSELBERRY, FL 32707 US	Mailing Address 1481 SEMINOLA BLVD CASSELBERRY, FL 32707 US
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**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL A.  
2737 MOSS GROVE BLVD  
ORLANDO, FL 32807

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MANUEL A 384 KINGSLEY DRIVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALEZ, JOSE A 412 PINWOOD COURT FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, AURELIO 1136 CASTLEWOOD DRIVE 110 WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARAY, FLORENCIO PO BOX 347 GOLDENROD, FL 32733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARDIZ, ANGELICA 2808 LAKEVIEW DR. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, IRIS B 671 IRIS ROAD CASSELBERRY, FL 32707

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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:** \_\_\_\_\_ **5-1-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #