


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90034 026 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N44292</b><br>1. Entity Name<br><b>PRIMERA IGLESIA PENTECOSTAL DE CASSELBERRY, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>1481 SEMINOLA BLVD<br/>CASSELBERRY, FL 32707 US</b>  |  |   | Mailing Address<br><b>P.O. BOX 2342<br/>GOLDENROD, FL 32773 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country                                      | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GONZALEZ, MANUEL A.<br/>384 KINGSLEY DR.<br/>CASSELBERRY, FL 32707</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10              |   |  |
| TITLE  | P <input type="checkbox"/> Delete            |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | GONZALEZ, MANUEL A                           |   | NAME   |   |  |
| STREET ADDRESS   | 384 KINGSLEY DRIVE                           |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CASSELBERRY, FL 32707                        |   | CITY-ST-ZIP  |   |  |
| TITLE  | D <input type="checkbox"/> Delete            |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | CURET, ELOY                                  |   | NAME   |   |  |
| STREET ADDRESS   | 114 DEER SONG DRIVE                          |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | WINTER SPRINGS, FL 32708                     |   | CITY-ST-ZIP  |   |  |
| TITLE  | T <input type="checkbox"/> Delete            |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | GARAY, FLORENCIO                             |   | NAME   |   |  |
| STREET ADDRESS   | PO BOX 347                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | GOLDENROD, FL 32733                          |   | CITY-ST-ZIP  |   |  |
| TITLE  | D <input type="checkbox"/> Delete            |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | DARDIZ, ANGELICA                             |   | NAME   |   |  |
| STREET ADDRESS   | 2808 LAKEVIEW DR.                            |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | CASSELBERRY, FL 32707                        |   | CITY-ST-ZIP  |   |  |
| TITLE  | S <input checked="" type="checkbox"/> Delete |   | TITLE  | 5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| NAME   | GOMEZ, IRIS B                                |   | NAME   | Magda L. Garay  |  |
| STREET ADDRESS   | 671 IRIS ROAD                                |   | STREET ADDRESS   | 371 Fieldstream North Blvd.   |  |
| CITY-ST-ZIP  | CASSELBERRY, FL 32707                        |   | CITY-ST-ZIP  | Orlando, FL 32825   |  |
| TITLE  | <input type="checkbox"/> Delete              |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |  |   | NAME   |   |  |
| STREET ADDRESS   |  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |  |   | CITY-ST-ZIP  |   |  |
| 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Manuel A Gonzalez</u> <b>Manuel A Gonzalez</b> 4/9/8 407-325-7259   |  |   |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |