

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44292

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** PRIMERA IGLESIA PENTECOSTAL DE CASSELBERRY, INC.

**Current Principal Place of Business:**

1481 SEMINOLA BLVD  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2342  
GOLDENROD, FL 32773 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GONZALEZ, MANUEL A.  
384 KINGSLEY DR.  
CASSELBERRY, FL 32707 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: P ( ) Delete  
Name: GONZALEZ, MANUEL A  
Address: 384 KINGSLEY DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: CURET, ELOY  
Address: 114 DEER SONG DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T ( ) Delete  
Name: GARAY, FLORENCIO  
Address: PO BOX 347  
City-St-Zip: GOLDENROD, FL 32733

Title: D ( ) Delete  
Name: DARDIZ, ANGELICA  
Address: 2808 LAKEVIEW DR.  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: GARAY, MAGDA L  
Address: 371 FIELDSTREAM NORTH BLVD.  
City-St-Zip: ORLANDO, FL 32825

**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: D (X) Change ( ) Addition  
Name: GONZALEZ, EDITH  
Address: 384 KINGSLEY DR.  
City-St-Zip: CASSELBERRY, FL 32707

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: MAGDA L. GARAY

S

02/07/2009

Electronic Signature of Signing Officer or Director

Date