FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:55

DOCUMENT # N93000001369 (8)

1. Corporation Name

IGLESIA PENTECOSTAL TABERNACULO DE DIOS, INC.

Principal Place of Business	Mailing Address
3501 NE 3 AVE. POMPANO BEACH FL 33064	4410 NE 15 AVE./ POMPANO BEACH FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0413170 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CINTRON, SAMUEL
4410 N.E. 15TH AVENUE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PEDROZA, ERNESTO	1.2 NAME	Samuel Cintron	
STREET ADDRESS	4491 S.W. 52ND COURT - #7	1.3 STREET ADDRESS	4410 N.E. 15 Ave.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	PEDROZA, MAGDA	2.2 NAME	Cintron Alicia	
STREET ADDRESS	4491 S.W. 52ND COURT - #7	2.3 STREET ADDRESS	4410 N.E. 15 Ave.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33064	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	RIVERA, MARCIAL	3.2 NAME	Jurado Saul	
STREET ADDRESS	280 S.W. 56TH TERRACE	3.3 STREET ADDRESS	7300 S.W. 8Ct.	
CITY-ST-ZIP	MARGATE FL 33068	3.4 CITY-ST-ZIP	N. Lauderdale, Fl. 33068	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel Cintron SAMUEL CINTRON 1-16-95 305-7P3-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

604U197