2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

Jan 30, 2006 8:00 am **Secretary of State DOCUMENT # N93000002463** 01-30-2006 90048 024 ****70.00 MOVÍMIENTO IGLESIA CRISTIANA PENTECOSTAL INC. Principal Place of Business Mailing Address 3019 N. PINE HILLS RD. 3019 N. PINE HILLS RD. ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 55-3218454 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORTALATIN, NESTOR R 3019 N. PINE HILLS RD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32808 City Zip Code FL 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 agest SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution \Box Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition PORTALATIN, NESTOR R MAME NAME STREET ADDRESS 3417 JAMISON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA, FL 32703 TITLE Delete TITI F Change Addition Hernandez, Hele 14183 Elderton ALBINO, ANGELO NAME 7631 SILVER CROWN CT STREET ADDRESS STREET ADDRESS CITY-ST-7/P ORLANDO, FL 32818 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME GONZALEZ, ISABEL NAME 3400 LONDONDERRY BLVD STREET ADDRESS STREET ADORESS CITY-ST-7IP ORLANDO, FL 32808 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

Daytime Phone #