

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90040 047 ****70.00

DOCUMENT # N93000002463					
1. Entity Name IGLESIA CRISTIANA PENTECOSTAL DE ORLANDO, INC.					
Principal Place of Business 3019 N. PINE HILLS RD. ORLANDO, FL 32808			Mailing Address 3019 N. PINE HILLS RD. ORLANDO, FL 32808		
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	4. FEI Number 59-3218454	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PORTALATIN, NESTOR R 3019 N. PINE HILLS RD. ORLANDO, FL 32808			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Nestor R. Portalatin</i>		Nestor R. Portalatin		Director 1/18/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTALATIN, NESTOR R 3417 JAMISON DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Portalatin, Nestor R. 3019 N. Pine Hills Rd Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, HELEN 1483 ELDERTON DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hernandez, Helene 3019 N. Pine Hills Rd. Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, ISABEL 3400 LONDONDERRY BLVD ORLANDO, FL 32808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gonzalez, Isabel 3019 N. Pine Hills Rd. Orlando, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Helene Hernandez Diaz</i>		01-15-07 407532-8092			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

40017778



01072007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTALATIN, NESTOR R
3019 N. PINE HILLS RD.
ORLANDO, FL 32808

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25**
Due by **May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PORTALATIN, NESTOR R
3417 JAMISON DR
APOPKA, FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HERNANDEZ, HELEN
1483 ELDERTON DR
APOPKA, FL 32703 ☐ Delete

TITLE
NAME
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GONZALEZ, ISABEL
3400 LONDONDERRY BLVD
ORLANDO, FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Portalatin, Nestor R.
3019 N. Pine Hills Rd
Orlando, FL 32808 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Hernandez, Helene
3019 N. Pine Hills Rd.
Orlando, FL 32808 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Gonzalez, Isabel
3019 N. Pine Hills Rd.
Orlando, FL 32808 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #