


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

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
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03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3218454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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 3019 N. PINE HILLS RD 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/03/08-80005-023 70.00

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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: Nestor R. Portalatin Nestor R. Portalatin 3/13/08 407-292-5906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #