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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003681 (4)**

1. Corporation Name

IGLESIA DE DIOS PENTECOSTAL VALLE DEL CEDRON, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~8224 W WATERS AVE~~ ~~TAMPA FL 33615~~ 6830 N HABANA TAMPA FL 33614 AV	~~P O BOX 262166~~ ~~TAMPA FL 33685-2166~~ US 8202 OLIVEWOOD PL TAMPA FL 33615

3. Date Incorporated or Qualified: 08/11/1993		3a. Date of Last Report: 05/01/1994	
4. FEI Number: 59-3198475			☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26 8202 OLIVEWOOD PL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 TAMPA FL 33615
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTINEZ, FRANK ~~8224 W WATERS AVE~~ TAMPA FL 33615 mailing	FRANK MARTINEZ NEW ADRESS 8202 OLIVEWOOD PL TAMPA FL 33615
	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	11 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, FRANK	12 NAME	
STREET ADDRESS	8224 W WATERS AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☑ Change ☐ Addition
NAME	ESPINEL, CARLOS J	22 NAME	SD JESUS GONZALEZ
STREET ADDRESS	8224 W WATERS AVE	23 STREET ADDRESS	6830 N HABANA AV
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 3
TITLE	TD	31 TITLE	☑ Change ☐ Addition
NAME	ESPINEL, LUCY	32 NAME	TD MARISOL RODRIGUEZ
STREET ADDRESS	8224 W. WATERS AVE.	33 STREET ADDRESS	3809 N CORTEZ C ETC
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL 33614
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, CARMEN	42 NAME	
STREET ADDRESS	8224 W WATERS AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOREJON, AMPARO	52 NAME	
STREET ADDRESS	8224 W WATERS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, JERONIMO	62 NAME	
STREET ADDRESS	8224 W WATERS AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 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: [signature] PD 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0065214