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Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003681 (4)

1. Corporation Name

IGLESIA DE DIOS PENTECOSTAL VALLE DEL CEDRON, IN  
C.

Principal Place of Business

Mailing Address

6830 N HABANA  
TAMPA FL 33614  
US8202 OLIVEWOOD PL.  
TAMPA FL 33615-5718  
US3. Date Incorporated or Qualified  
08/11/19933a. Date of Last Report  
06/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3198475Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, FRANK  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MARTINEZ, FRANK  
STREET ADDRESS 8224 W WATERS AVE  
CITY-ST-ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS SAME  
1.4 CITY-ST-ZIPTITLE ST ☐ DELETE  
NAME ALEMAN, BLANEA  
STREET ADDRESS 3311 SAN CONRAD ST.  
CITY-ST-ZIP TAMPA FL 336072.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS SAME  
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME ALEMAN, BLANEA  
STREET ADDRESS 3311 SAN CONRAD ST.  
CITY-ST-ZIP TAMPA FL 336073.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS SAME  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME GONZALEZ, IRIS  
STREET ADDRESS 5115 N LINCO LN.  
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME LUIS MENDOZA  
4.3 STREET ADDRESS 6830 N HABANA  
4.4 CITY-ST-ZIP TAMPA FLORIDA 33614TITLE D ☐ DELETE  
NAME GONZALEZ, LUIE  
STREET ADDRESS 5115 N LINCO LN.  
CITY-ST-ZIP TAMPA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME MARIA MARTINEZ  
5.3 STREET ADDRESS 8202 OLIVEWOOD PL  
5.4 CITY-ST-ZIP TAMPA FLORIDATITLE D ☐ DELETE  
NAME GRUZ, MIGUEL  
STREET ADDRESS 4406 W HENRY AVE.  
CITY-ST-ZIP TAMPA FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME MARISOL RODRIGUEZ  
6.3 STREET ADDRESS 6830 N HABANA TAMPA  
6.4 CITY-ST-ZIP FL 33614

14. I do hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048277

CR2E037 (9/96)