## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N93000005049**

1. Entity Name

HOLY SPIRIT CATHEDRAL REVIVAL CENTER CHURCH, INC.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

992 W 23 ST

HIALEAH, FL 33010 US

Mailing Address

P.O. BOX 1987

HALEAH, FL 33010 US



04282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0447183 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARENAS, LUIS A DP 9641 HUDSON ST. MIRAMAR, FL 33025

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SIGNATURE Sin Q. Consumar. 4/29/07						
Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000757278 05/23/07-80063-031 70.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARENAS, LUIS A 9641 HUDSON STREET HOLLYWOOD, FL 33025					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ARENAS, ERIKA C 9641 HUDSON STREET HOLLYWOOD, FL 33025					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, EDUARDO 2336 SW 140 PLACE MIAMI, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT ALVAREZ, GRISELLA 550 W. 78 ST HIALEAH, FL 33014			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COWAN, EDUARDO 326 EAST 12 ST HIALEAH, FL 33010					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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.						

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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