

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005383

1. Entity Name
PRIMERA IGLESIA PENIEL PENTECOSTAL, INC.



Principal Place of Business
3604 W BAY AVE.
TAMPA, FL 33611

Mailing Address
3604 W BAY AVE.
TAMPA, FL 33611



02162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3607337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAGARES, ANGEL
3604 W BAY AVE.
TAMPA, FL 33611

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAGARES, ANGEL
STREET ADDRESS 3604 W BAY AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE D
NAME RUIZ, CYNDIA
STREET ADDRESS 3604 W BAY AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE D
NAME RUIZ, OSCAR
STREET ADDRESS 3604 W. BAY AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE D
NAME RUIZ, CECILIA
STREET ADDRESS 3604 W. BAY AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000240075
02/23/05-80016-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Angel Lagares* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #