2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005702

1. Entity Name
IGLESIA JUAN 3:16, INC.

Principal Place of Business	Mailing Address
7601 N ROME AVE TAMPA, FL 33604	10013 COLONNADE DR. TAMPA, FL 33647 US

01212006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3281756
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACEVEDO, PORFIDIO
10013 COLONNADE DR.
TAMPA, FL 33647

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ACEVEDO, PORFIDIO
STREET ADDRESS	10013 COLONNADE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DP
NAME	ACEVEDO, MONSERRATE
STREET ADDRESS	10013 COLONNADE DR.
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	AVILES, ELSIE
STREET ADDRESS	802 URBAN VILLAGE #3B
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	IRIZARRY, RAYMOND
STREET ADDRESS	7602 HANLEY ROAD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80050-011 61.25

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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: Raymond Irizarry Raymond Irizarry Treasury 3/14/06 (813) 814-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #