


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003926</b>	
<b>1. Entity Name</b> IGLESIA PENTECOSTAL CANDELERO DE DIOS, INC.	

<b>Principal Place of Business</b> 1506 W. MICHIGAN ST. ORLANDO, FL 32805 US	<b>Mailing Address</b> 1506 W. MICHIGAN ST. ORLANDO, FL 32805 US
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**DO NOT WRITE IN THIS SPACE**



04012008 No Chg-NP CR2E037 (4/06)

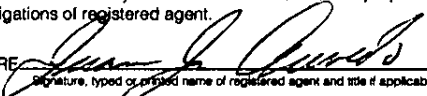
<b>4. FEI Number</b> NOT APPLICABLE	<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

ACEVEDO, JUAN JOSE  
1506 WEST MICHIGAN ST.  
ORLANDO, FL 32805

**DO NOT WRITE 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**  **DATE** 4/5/08

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, 2008**

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

U000000886171  
04/18/08-20044-019 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> ACEVEDO, JUAN J
<b>STREET ADDRESS</b> 3908 RIO GRANDE AVE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32839
<b>TITLE</b> D	<b>NAME</b> ACEVEDO, NOELIA
<b>STREET ADDRESS</b> 3908 RIO GRANDE AVE	<b>CITY-ST-ZIP</b> ORLANDO, FL 32839
<b>TITLE</b> SD	<b>NAME</b> MORALES, ROSITA
<b>STREET ADDRESS</b> 3908 RIO GRANDE AVE.	<b>CITY-ST-ZIP</b> ORLANDO, FL 32839
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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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:**  **DATE** 4/5/08 **DAYTIME PHONE #** (407) 316-8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR