

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004152

FILED
Mar 12, 2009
Secretary of State

Entity Name: IGLESIA PENTECOSTAL TESALONICA, INC.

Current Principal Place of Business:

100 N. CR 547
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

1215 MERRIMACK DR.
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3421925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, RANDOLPH D
1215 MERRIMACK DR.
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RODRIGUEZ, RANDOLPH D
Address: 1215 MERRIMACK DR.
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: MUNOZ, ROSAEL
Address: 128 TERRACE DR. APT. 15
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: MELENDEZ, AUREA
Address: 1650 S 10TH ST
City-St-Zip: HAINES CITY, FL 33844

Title: T () Delete
Name: RIVERA, EDUARDO
Address: KINGFISH 519
City-St-Zip: KISSIMMEE, FL 34759

Title: T () Delete
Name: RODRIGUEZ, IMILCE
Address: 1215 MERRIMACK DR.
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUREA MELENDEZ

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date