

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90031 001 ****61.25

07-03-2007 90031 002 *****8.75

DOCUMENT # N96000004325

1. Entity Name
IGLESIA CRISTIANA PENIEL, INC.



Principal Place of Business
**482 NW 69TH AVE
MARGATE, FL 33063**

Mailing Address
**482 NW 69TH AVE
MARGATE, FL 33063**

66020022



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0695744

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GARCIA, LUIS
2700 N.W. 99TH AVE, BLDG. B, NO. 623B
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GARCIA, LUIS**
STREET ADDRESS **2700 N.W. 99TH AVE, #623B**
CITY-ST-ZIP **CORAL GABLES, FL 33065**

TITLE **V** ☐ Delete
NAME **ORELLANA, JOSE ATILIO**
STREET ADDRESS **6317 SEMINOLE TERRACE**
CITY-ST-ZIP **POMPANO BEACH, FL 33063**

TITLE **T** ☐ Delete
NAME **BARRIOS, LURIS**
STREET ADDRESS **1605 WINFIELD BLVD, NO. 30**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE **S** ☐ Delete
NAME **ALVARES, SANTOS DINJA**
STREET ADDRESS **5507 S.W. 6 CT**
CITY-ST-ZIP **POMPANO BEACH, FL 33068**

TITLE **T** ☐ Delete
NAME **FUENTES, JULIO C**
STREET ADDRESS **5540 NW 61ST ST #421**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **T** ☐ Delete
NAME **ROMERO, EMILIO**
STREET ADDRESS **1200 S.W 52 AVE., APT. 207**
CITY-ST-ZIP **POMPANO BEACH, FL 33068**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Luis Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-07-857/255-8531
Date Daytime Phone #

ATTACHMENT
66020022
#N96000004325—

6-28-07

Special Note:

Please, excuse me for the
delay on sending this document.
This delay due to sickness on
my person.

Trully yours.

Luis Garcia.