2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State
05-12-2004 90208 029 ****61.25

DOCUMENT # N96000004959

1. Entity Name
CONCILIO PENTECOSTAL DE DIOS, INC.

Principal Place of Business	Mailing Address
6922 RENNASSAINCE POINTE APT 202 ALTAMONTE SPRINGS, FL 32714 US	6922 RENNASSAINCE POINTE APT 202 ALTAMONTE SPRINGS, FL 32714 US

03182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
622 Renaissance Pointe	P.O. Box 160913
Suite, Apt. #, etc.: # 202	Suite, Apt. #, etc.
City & State: Altamonte Springs FL.	City & State: Altamonte Springs FL.
Zip: 32714 Country: Seminole	Zip: 32716-0913 Country: Seminole

4. FEI Number: 59-3401717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUEROA, SAMUEL REV. 6922 RENNASSAINCE POINTE APT 202 ALTAMONTE SPRINGS, FL 32714	Name: Rev. Samuel Figueroa Street Address (P.O. Box Number is Not Acceptable): 622 Renaissance Pointe City: Altamonte Springs FL Zip Code: 32714

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: Rev. [signature] President 3-18-04
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIGUEROA, SAMUEL REV. 6017 ROOSEVELT BLVD., #113 JACKSONVILLE, FL 32244	☐ Delete	PD Rev. Samuel Figueroa 622 Renaissance Pointe # 202 Altamonte Springs FL. 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FIGUEROA, RUTH M REV. 6017 ROOSEVELT BLVD., #113 JACKSONVILLE, FL 32244	☐ Delete	STD Rev. Ruth M. Figueroa 622 Renaissance Pointe # 202 Altamonte Springs FL. 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORES, FRANCISCO MIN. 4430 MEDALION DR., #723 ORLANDO, FL 32808	☐ Delete	D Min. Francisco Flores JR. 845 Grand Regency Pointe Altamonte Springs FL. 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rev. [signature] Rev. Samuel Figueroa 3-18-04 407-297-9842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #