2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # N9700000481

FILED Mar 04, 2008 8:00 am Secretary of State

1. Entity Name LATIN AMERICAN PENTECOSTAL CHURCH "LA HERMOSA" INC.					03-04-2008 90020 043 ****70.00			
Principal Plac	e of Business	Mailing Address PO BOX 72 0667			TO STATE OF THE PARTY OF THE PA			I tri s i issi
, in the	Section of the second section of the second							
2. Principal Place of Business - No P.O. Box # 3. Mailing Address						T - menge ,	to marke to territoria trace y a	EA-WHILE S
Suite, Apt. #, etc. Suite, Apt. #, etc.				1st MOORE CR2E037 (10/07)				
City & State	е	City & State			4. FEI Number			·
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired 🗹	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent Name on 1					7. Name and Address of New Registered Agent			
OTERO, ANGEL R REV. 1804 TIGERS EYE CT. KISSIMMEE FL 34743				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Orlandu				
				City FL Zip Code				
	named entity submits this statement lions of registered agent.	for the purpose of changing its re	egistered of	fice or register	ed agent, or both, in	the State of Florida. Tai	m lamiliar with,	and accept
SIGNATURE	Lew Orge fit	Nach Otero u and tre if applicable. (NOTE: 6	Registered Ager	ı signature required	when romstaung)	2 - 2- DATE	2.08	-
Due By May 1, 2008 Trust Fund Contribution. ☐					\$5.00 May Be Added to Fees	Florida Dep		tate (
. TITLE	OFFICERS AND D	IRECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	Addition
NAME STREET ADDRESS CITY ST-ZIP	ALVEDO, NIDIA I 9837 RIVER CREST CT ORLANDO FL 32825	<u> </u>	NAME STREET ADO CITY-ST-ZI	I			change	
NAME STREET ADDRESS CITY-ST-ZIP	TT	□ Delate	NAME STREET ADD CITY-ST-Z				Change	Addition
	PD OTERO, ANGEL R REV. 1804 TIGERS EYE CT. KISSIMMEE FL 34743	Dèlete	NAME STREET ADD CITY-ST-Z-	PO 0 t 10 0 c P 0 t 1	ero Ang 86 Reyen ando Fi	elR. Rev. 1+ Patk 32825	IZ Change⁻	· Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-Z	DRESS	•		Change	Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADI CITY-ST-Z				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	Delete	TITLE NAME STREET ADI CITY-ST-Z	Р	rd in Section 119 El	orida Statutae I further	Change	Addition

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

2-22-08