

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001761	
1. Entity Name IGLESIA PENTECOSTAL TEMPLO DE ALABANZA, INC.	

Principal Place of Business 6806 SILVER STAR RD. ORLANDO FL 32818	Mailing Address C/O NATIVIDAD RODRIGUEZ 628 NEUMANN VILLAGE COURT OCOE FL 34761
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3443008	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent RODRIGUEZ, NATIVIDAD 628 NEUMANN VILLAGE COURT OCOE FL 34761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD RODRIGUEZ, CONFESOR 628 NEUMANN VILLAGE COURT OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000594686 ☐ Change ☐ Addition 01/23/07-80010-002 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RODRIGUEZ, NATIVIDAD 628 NEUMANN VILLAGE COURT OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD TOLEDO, MILAGROS 1103 SABRINA OCOE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Natividad Rodriguez* **1-19-07 401 528 6794**