2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90019 038 ****66.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N98000000321

1. Entity Name

IGLESIA VIDA ABUNDANTE PENTECOSTAL INC.

Principal Place of Business	Mailing Address
301 WESTWARD DRIVE MIAMI SPRINGS FL 33166	301 WESTWARD DRIVE MIAMI SPRINGS FL 33166

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0811180 ☐ 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
PIO, ANTONIO L 1810 W 56 ST. #3301 HIALEAH FL 33012	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

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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 PIO, ANTONIO L 1810 W 56 ST. 3301 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIO, CARIDAD E 1810 W 56 ST. 3301 HIALEAH FL 33012	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. Pio GABRIEL 1571 SW 194 AVE PEMBROKE PINES FL 33029	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIO, GABRIEL 1571 SW 194 AVENUE PEMBROKE PINES FL 33029	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. ABREU ALBERTO 18145 SW 5 CORT PEMBROKE PINES FL 33029	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIDAL, ARMANDO 19 G 60 STREET HIALEAH FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALACIOS JORGE M. M 3741 NW 66 AVE VIRGINIA GARDENS FL 33166	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: ANTONIO L. Pio 01-31-05 305823-5647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #