2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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IGLESIA PENTECOSTAL ESPIRITU SANTO, INC.					06 AI	PR 27 AII	11:43		
Principal Plac	e of Business	Mailing Address					s fáile		
285 MARION OAKS LANE		15249 SW 39 CIR			i Alle	243. T.E.	LORIDA		
OCALA FL		OCALA FL 34473							
2. Principal Place of Business		3. Mailing Address						E1 (99)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E0	37 (10/05)		
Cily & State		City & State		4.	FEI Number 59-34	88965	No	oplied For of Applicable	
Zıp	Country	Zip	Country		Certificate of Status Di		\$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DE LA BOSA ANIDRES				Name					
DE LA ROSA, ANDRES 15249 SW 39 CIR OCALA FL 34473			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
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			City			F	L Zip Cod	e	
	named entity submits this statement fi lions of registered agent.	for the purpose of changing its	registered office or r	registered aç	gent, or both, in the Sta	ate of Florida. I a	m familiar with,	and accept	
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SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE	Registered Agent signature	e redinied where	enstating)	H'AO	ž		
	Signature, typed or printed name of registered ager	nt and the if applicable (NOTE	Registered Agent signatum	e redoned when i	reinstating)	DAN	e de la companya de		
	Signature, typed or printed name of registered ager	9. Election Carr	npaign Financing	\$5.	00 May Be	Make Che	ck Payable		
	Signature, typed or printed name of registered ager		npaign Financing	\$5.			ck Payable		
	Signature, typed or printed name of registered ager	9. Election Can Trust Fund C	npaign Financing	\$5. □ Adde	00 May Be	Make Che Florida Dep	ck Payable artment of \$	State	
	Signature, typed or printed name of registered ager FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Can Trust Fund C	npaign Financing ontribution. E	\$5. □ Adde	00 May Be ed to Fees	Make Che Florida Dep	ck Payable artment of \$	State	
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12. I hereby certify that the information supplied with this filing does not quality 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:

huram Ortz

4-25-06 (352)347-8874