

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90015 050 ****61.25

DOCUMENT # N98000003943 1. Entity Name IGLESIA PENTECOSTAL ARCA EVANGELICA 2000, INC.					
Principal Place of Business (OLD) 15531 CORTEZ BLVD BROOKSVILLE, FL 34613 US			Mailing Address (OLD Address) 15531 CORTEZ BLVD BROOKSVILLE, FL 34613 US		
NEW Address					
2. Principal Place of Business - No P.O. Box # 9750 LAKE DR.			3. Mailing Address 9750 LAKE DR.		
Suite, Apt. #, etc. BROOKSVILLE			Suite, Apt. #, etc. 		
City & State FLORIDA			City & State BROOKSVILLE, FLORIDA		
Zip 34613		Country HERNANDO		Zip 34613	
Country HERNANDO		4. FEI Number 20-3877645			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, JUAN 9749 LAKE DRIVE BROOKSVILLE, FL 34613				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 JUAN DIAZ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3-18-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP DIAZ, JUAN 9749 LAKE DRIVE BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLON, PATRIA 7029 MAYHILL COURT SPRING HILL, FL 34606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PEREZ, CROBERTO 1457 DEERING AVENUE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gonzalez, Francisco, Javier 9031 Gibraltar Street Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Diaz, Maria 9749 Lake Drive Brooksville, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Vocal Perez, Marciano 462 Jenkins Avenue Masaryktown, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer Vocal Candelaria, Luz, Selenia 462 Jenkins Avenue Masaryktown, FL 34604
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: JUAN DIAZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-18-08 (352) Daytime Phone # 238-4799	