


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90142 024 ****70.00

DOCUMENT # N98000005497 1. Entity Name IGLESIA PENTECOSTAL GETSEMANI, INC.					
Principal Place of Business 720 E. FEE AVE. MELBOURNE, FL 32901 US			Mailing Address P.O. BOX 100653 PALM BAY, FL 32910 US		
2. Principal Place of Business 720 E. Fee Ave. Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 100653 Suite, Apt. #, etc.		
City & State Melbourne, FL.		City & State Palm Bay, FL.		4. FEI Number 59-3544455	
Zip 32901		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIDAL, SAMUEL V. 198 RACHEL ST #4 MELBOURNE, FL 32901		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME VIDAL, JENNY STREET ADDRESS PO BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Delete		TITLE D NAME RYAN L. Lugo STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME NEGRON, ROBERTO STREET ADDRESS PO BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Delete		TITLE D NAME Esther Roman STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME SOTO, ANGELA STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input checked="" type="checkbox"/> Delete		TITLE D NAME Irving Alvarado STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME VIDAL, SAMUEL JR STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Delete		TITLE S NAME Meribeth Lugo STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FLORES, ROSENDO STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VIDAL, HAYDEE STREET ADDRESS P.O. BOX 100653 CITY-ST-ZIP PALM BAY, FL 32910	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Samuel V. Vidal Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03/07/05</u> <u>321-426-5039</u> <small>Date Daytime Phone #</small>		