

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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90065 026 \*\*\*\*\*70.00

**DOCUMENT # N98000006964**

1. Entity Name

IGLESIA PENTECOSTAL UNIDOS EN SU AMOR, INC



Principal Place of Business  
603 DEL PRADO BLVD  
A  
CAPE CORAL FL 33909

Mailing Address  
406 NE 14 PLACE  
CAPE CORAL FL 33909

2. Principal Place of Business

2261 Fowler St

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip

33901

Country

USA

Zip

Country

4. FEI Number

65-0890127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

OSORIO, TOMAS  
406 NE 14TH PLACE  
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME OSORIO, TOMAS REV.  
STREET ADDRESS 406 NE 14TH PL  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D ☐ Delete  
NAME OSORIO, LUCIA  
STREET ADDRESS 406 NE 14 PL  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE S ☐ Delete  
NAME DELEON, AUREA  
STREET ADDRESS 53205 SUMERLIN RD., APT. 5  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE T ☒ Delete  
NAME PEREZ, RUTH  
STREET ADDRESS 1002 E 13TH PL  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME Nelson Ocasio  
STREET ADDRESS 9359 West Creek Circle N. Fort Myers FL 33909  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05