

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004710

FILED
Jan 30, 2005
Secretary of State

Entity Name: IGLESIA PENTECOSTAL, ARCA DE REFUGIO, INC.

Current Principal Place of Business:

37344 LOCK ST.
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

37344 LOCK ST.
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-3712198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGOS, EILEENE
20401 N US HWY 98 #12
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

OLIVERA, ROSA M
37321 SAFARI DRIVE
DADE CITY, FL 33523 US

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.

SIGNATURE: ROSA M OLIVERA

01/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MERCED, DAVID
Address: 15029 MARION AVE
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: MERCED, SYLVIA
Address: 15029 MARION AVE
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: BURGOS, EILEENE
Address: 20401 HWY 98 #12
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: OLIVERA, ROSA
Address: 37321 SAFARI DR
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MANZO, JENNIFER
Address: 15029 MARION AVE
City-St-Zip: DADE CITY, FL 33523

Title: D (X) Delete
Name: BURGOS, JESUS M
Address: 20401 N US HWY 98 #12
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OLIVERA, ROSA M
Address: 37321 SAFARI DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M OLIVERA

S

01/30/2005

Electronic Signature of Signing Officer or Director

Date