

1.) CORPORATION NAME: Iglesia Pentecostal Cristo Viene, Inc.	DUE DATE: 6/30/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILSON E FLORES 169 ABERDEEN DR CULPEPER, VA	SCC ID NO: 07664345
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CULPEPER COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 169 ABERDEEN DR CITY/ST/ZIP: CULPEPER, VA 22701	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: VILMA FLORES TITLE: SECRETARY ADDRESS: NO ADDRESS GIVEN CITY/ST/ZIP/CO: *, VA	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: FERNANDO RAMIREZ TITLE: TREASURE ADDRESS: NO ADDRESS GIVEN CITY/ST/ZIP/CO: *, VA	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILSON E FLORES TITLE: DIRECTOR ADDRESS: NO ADDRESS GIVEN CITY/ST/ZIP/CO: *, VA	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LEOCADIO PEREZ LOPEZ TITLE: DIRECTOR ADDRESS: NO ADDRESS GIVEN CITY/ST/ZIP/CO: *, VA	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILSON E FLORES	WILSON E FLORES, DIRECTOR	4/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.