

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 040 ****61.25

DOCUMENT # 719629

1. Entity Name
GENEZARET PENTECOSTAL CHURCH AND REFUGEE CENTER, INC.



Principal Place of Business
**1712 W. FLAGLER ST
 MIAMI, FL 33135 US**

Mailing Address
**1712 W. FLAGLER ST
 MIAMI, FL 33135 US**



2. Principal Place of Business
662 NW 39 ST.

3. Mailing Address
 Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State
MIAMI FL

City & State
 Suite, Apt. #, etc.

Zip
33127

Country

4. FEI Number
65-0202055

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VASQUEZ, RUBEN
 1718 W. FLAGLER ST.
 MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name
PEDRO VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)
3050 S DIXIE HWY #404

MIAMI

City
FL Zip Code
33133

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 *Pedro Vazquez* DATE **3-17-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, PEDRO 2378 SW 18 ST. MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA CRUZ, LUZ 2870 NW 18TH AVE. MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, GRACELEANO 1645 SW 9TH ST. MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, RUBEN 2469 SW 53RD TERR. MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINARES, MONICA 820 SW 18 AVE MIAMI, FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 3050 S DIXIE HWY #404 MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP PEDRO BLANCO 8500 BISCAYNE BLVD LOT B-21 MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE LUIS LOBO 8500 BISCAYNE BLVD LOT B-21 MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINFA BLANCO 8500 BISCAYNE BLVD LOT B-21 MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA ADKINS 221 NW 30 ST MIAMI, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *Pedro Vazquez* DATE: **3-17-04** DAYTIME PHONE #: **305-460-6154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR