

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-18-2004 90030 032 ****70.00

DOCUMENT # F03000002460			
1. Entity Name IGLESIA CRISTIANA PENTECOSTAL MOVIMIENTO LAS MARAVILLAS DEL EXODO, INC.			
Principal Place of Business 302 ELTON STREET BROOKLYN, NY 11208		Mailing Address 302 ELTON STREET BROOKLYN, NY 11208	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent VAZQUEZ, ANTONIO REV. 106 MARION OAK BLVD., SUITE 13 OCALA, FL 34473		7. Name and Address of New Registered Agent Name Rev. Antonio Vazquez Street Address (P.O. Box Number is Not Acceptable) 2071 South East City Road - 484 City Belleview FL 33421	
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 date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
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	P	☐ Delete	
NAME	MALDONADO, DAVID REV.		
STREET ADDRESS	735 LINCOLN STREET, #5R		
CITY-ST-ZIP	BROOKLYN, NY 11208		
TITLE	V	☐ Delete	
NAME	MALDONADO, ALMA DR.		
STREET ADDRESS	735 LINCOLN STREET, #5R		
CITY-ST-ZIP	BROOKLYN, NY 11208		
TITLE	S	☐ Delete	
NAME	ACEVEDO, ISABEL		
STREET ADDRESS	735 LINCOLN STREET, #5R		
CITY-ST-ZIP	BROOKLYN, NY 11208		
TITLE	T	☐ Delete	
NAME	LOZADA, HECTOR M		
STREET ADDRESS	2242 BRAGG STREET, #3F		
CITY-ST-ZIP	BROOKLYN, NY 11226418		
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	
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STREET ADDRESS			
CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Rev. David Maldonado		3/4/04 0918791-2288	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	

000414773



02292004 Chg-NP CR2E037 (10/03) 11-334440

4. FEI Number **11-334440** Applied For
Not Applicable

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

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

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SIGNATURE: **Rev. David Maldonado**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/4/04 0918791-2288
DATE