

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005667

FILED
May 03, 2004
Secretary of State**Entity Name:** IGLESIA REFUGIO DE AMOR - ASAMBLEAS DE DIOS, CLERMONT, FLORIDA, INC.**Current Principal Place of Business:**478 E HWY 50
CLERMONT, FL 34765**New Principal Place of Business:****Current Mailing Address:**478 E HWY 50
CLERMONT, FL 34765**New Mailing Address:****FEI Number:** 32-0044363**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SYMPHORIEN, FRANCISCO G
7701 GROVELAND FARM ROAD
GROVELAND, FL 34736 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VD () Delete
Name: SYMPHORIEN, LICILIA M
Address: 478 E HWY 50
City-St-Zip: CLERMONT, FL 34765**Title:** TD () Delete
Name: RODRIGUEZ, AHIMELEC
Address: 478 E HWY 50
City-St-Zip: CLERMONT, FL 34765**Title:** D () Delete
Name: SYMPHORIEN, ELY F
Address: 478 E HWY 50
City-St-Zip: CLERMONT, FL 34765**Title:** P () Delete
Name: SYMPHORIEN, FRANCISCO F
Address: 478 E HWY 50
City-St-Zip: CLERMONT, FL 34765**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: FRANCISCO SYMPHORIEN

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date