

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90015 039 \*\*\*\*61.25

**DOCUMENT # N02000009120**



1. Entity Name

IGLESIA DE DIOS IN BITHLO, INC.

Principal Place of Business

18606 HOLLISTER RD  
ORLANDO FL 32820

Mailing Address

18606 HOLLISTER RD  
ORLANDO FL 32820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0154144

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE. CR2E037 (11/03)

6. Name and Address of Current Registered Agent

TORRES, LIZETTE  
742 HARDWICK CT  
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Lizette Torres* Pastor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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	P TORRES, LIZETTE	<input type="checkbox"/> Delete
STREET ADDRESS	742 HARDWICK CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	T RODRIGUEZ, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	18525 16TH AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE NAME	MD PARADISO, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS	3626 6TH ST	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lizette Torres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-04

Date

Daytime Phone #