

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N03000010817

Entity Name: CENTRO CRISTIANO SHALOM - ASAMBLEAS DE DIOS - DAVENPORT, FLORIDA, INC.

Current Principal Place of Business:

43824 HWY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

43824 HWY 27
DAVENPORT, FL 33837

New Mailing Address:

113 ROYAL TROON LOOP
DAVENPORT, FL 33837

FEI Number: 14-1885017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, ELADIO
113 ROYAL TROON LOOP
DAVENPORT, FL 33837 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: PD () Delete
Name: ORTIZ, ELADIO
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: SD () Delete
Name: MUNOZ, MOEMI
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: TD () Delete
Name: RODRIGUEZ, RAFAEL
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: ORTIZ, NEREIDA VOCAL
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: MUNOZ, CARLOS SUB-TRE
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: RODRIGUEZ, JUANITA VOCAL
Address: 43824 HWY 27
City-St-Zip: DAVENPORT, FL 33837

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
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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: ELADIO ORTIZ

PRES

05/03/2004

Electronic Signature of Signing Officer or Director

_____ Date