

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004448

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: IGLESIA MISIONERA CASA DE ORACION DE ORLANDO, INC.

**Current Principal Place of Business:**

3839 WINTER ROSE DRIVE  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 593804  
ORLANDO, FL 32859

**New Mailing Address:**

FEI Number: 59-3430229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVERA, JOSEPH  
2655 ARPANA COURT  
ORLANDO, FL 32839 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: RIVERA, JOSEPH  
Address: 2655 ARPANA CT  
City-St-Zip: ORLANDO, FL 32839 US

Title: DV ( ) Delete  
Name: RIVERA, KATHERINE  
Address: 2655 ARPANA CT  
City-St-Zip: ORLANDO, FL 32839 US

Title: DS ( ) Delete  
Name: CASTILLO, CARMEN L  
Address: 2100 S CONWAY RD., APT B-8  
City-St-Zip: ORLANDO, FL 32812

Title: TR ( ) Delete  
Name: QUILES, MAYRA M  
Address: 12738 MARIBOU CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: TR ( ) Delete  
Name: ESQUERDO, JOSE  
Address: 145 N LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: MALDONADO, LIBERTAD  
Address: 2700 CONWAY GARDENS RD  
City-St-Zip: ORLANDO, FL 32812

Title: TR (X) Change ( ) Addition  
Name: QUILES, MAYRA M  
Address: 1969 N ALAFAYA TRAIL #107  
City-St-Zip: ORLANDO, FL 32828

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR ( ) Change (X) Addition  
Name: AVILES, MIRIAM  
Address: 5537 GATLIN AVE APT A  
City-St-Zip: ORLANDO, FL 32812

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: JOSEPH RIVERA

PD

01/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date