2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002176

1. Entity Name
FOUNDATION FOR CHRISTIAN VALUES, INC.

Principal Place of Business	Mailing Address
8600 N.W. 53RD TERRACE STE 201 MIAMI, FL 33166 US	8600 N.W. 53RD TERRACE STE 201 MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0880323

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIMENTEL, ROBERTO
7170 SW 17TH TERR
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000124831
04/22/04-80059-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIMENTAL, ROBERTO
STREET ADDRESS	7170 SW 17TH TERR
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VPD
NAME	MERIZALDE, LUIS D
STREET ADDRESS	805 NOVELDA RD.
CITY-ST-ZIP	ALHAMBRA, CA 91801
TITLE	S
NAME	JOSE, RAUL S
STREET ADDRESS	10310 NW 129 ST
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	TD
NAME	JOSE, RAUL S
STREET ADDRESS	10310 NW 129 ST
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ LUIS D. MERIZALDE 4-19-04 (714)396-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #