


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

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90044 046 \*\*\*\*61.25

<b>DOCUMENT # N98000002864</b>	
<b>1. Entity Name</b> IGLESIA DE CRISTO "SU PODER EN ACCION" CORP.	

<b>Principal Place of Business</b> 719 PRADO CIRCLE KEY WEST FL 33040	<b>Mailing Address</b> 3330 NORTHSIDE DR. # 310 KEY WEST FL 33040
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0877178	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CARRION, JOANN 3330 NORTHSIDE DR. #310 KEY WEST FL 33040
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<b>7. Name and Address of New Registered Agent</b>
Name <i>Marisol Miranda</i>
Street Address (P.O. Box Number is Not Acceptable) <i>3330 North Side Dr Apto 310</i>
City <i>Key West</i> FL Zip Code <i>33040</i>

**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.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MIRANDA, LUCIANO
STREET ADDRESS	3330 NORTHSIDE DR., #402
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> Delete
NAME	HERNANDEZ, ARIEL L
STREET ADDRESS	3330 NORTHSIDE DR., #324
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> Delete
NAME	CARRION, JOANN
STREET ADDRESS	3330 NORTHSIDE DR., #402
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

<b>SIGNATURE:</b> <i>Luciano</i>	<b>04/12/04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	