


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P09076**

1. Entity Name  
**COMUNITY CHURCH "SONS OF LA CARIDAD DEL COBRE" CORPORATION**



Principal Place of Business      Mailing Address

778 APPALOOSA  
 MONTURA-CLEWISTON, FL 33440    US

C/O ALEXANDRIA MONTIEL  
 MB 8819 P.O BOX 2428  
 PENSACOLA, FL 32513    US

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-NP      CR2E037 (10/03)

4. FEI Number 11-2731213	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MONTIEL, ALEXANDRA  
 MB 8819  
 PO BOX 2428  
 PENSACOLA, FL 32513

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000101679  
 04/02/04-80022-012 140.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTIEL, ALEXANDRA 778 APALOOSA AVENUE MONTURA, CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEPPA, RAFAEL JR 7400 3RD AVE NORTH BERGEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELUIRA, GARCIA 10948 NW 26TH ST SUNRISE, FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Alexandra Montiel*      **4/1/04**      **1800 225 3872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #